

The Times and Register.

Philadelphia Medical Times.
Vol. XX, No. 610.

NEW YORK AND PHILADELPHIA, MAY 17, 1890.

The Medical Register.
Vol. VII, No. 176.

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Address.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF THE MEDICO-CHIRURGICAL COLLEGE.

By JOHN V. SHOEMAKER, A.M., M.D.

GUESTS, COLLEAGUES, MEMBERS OF THE GRADUATING CLASS: From time immemorial there have been certain recognized periods for the giving of advice. The first of these is when youth, of whichever sex, leaves the direct parental guidance for more or less dependence upon its own resources. The second we have reached, when a band of teachers, well named a Faculty, if their profession is not false, assumes the right through one of its members to pronounce a valedictory to a departing class of students, in which he shall briefly speak in the light of experience to those without it, who are about to enter upon the path which they must otherwise travel unguided, until, from their own experience, gained through men and books, good and evil fortune, weakness and self-restraint, they shall have reached the goal whither their moral and intellectual nature, affected by circumstances, but chiefly determined by greater or less strength of purpose, shall ever from the first have tended.

An address of this sort should be brief, under penalty of boring. In being brief, however, it cannot hold the cosmogony, even were the speaker capable of presenting it. In speaking for myself and my coadjutors of the Faculty of this institution, I do not profess to treat of more than a few points to which I think it well to call your attention in the flattering presence of this great mixed audience.

Morality is the basis of eventual success. By morality I do not mean the mere negative, outward ob-

servance of the laws of nature, but cultivation of the positive virtues which represent resistance to temptation, and to the inroads of whatever tends to excess.

The poet said not truly when he wrote:

"Vice is a monster of so frightful mien
As to be hated, needs but to be seen."

On the contrary, there is scarcely a vice that does not present itself in alluring form. Nor is the poet's following thought any nearer to the truth:

"Yet seen too oft, familiar with her face,
We first endure, then pity, then embrace."

It is not true, because experience shows that there are none but the lowest and most depraved, unless congenitally so, who do not detest their bondage beyond all measure to be conceived of by those who have never become slaves.

Ways of pleasantness, not those of pain, are those that lead to vice, and, therefore, as youth naturally seeks pleasure as the plant stretches upward toward the light, youth should seek early to distinguish the ways of pleasantness that lead to peace from those that lead to careers cut short, lives blasted, and misery sown broadcast among those innocent of harm. Medicine, as well as law and every other profession, is a jealous mistress. All professions are jealous of any pursuit, except those which accept relaxation for the better continuance of life-work.

Many of you, young men, doubtless start on your careers thinking that such have been the discoveries, such the development of the last few years—especially of the last fifty—that you have little to hope for in discovery, origination, or even in development in our science and art. And yet you have seen, within your own few years of observation, the science and art of medicine steadily progressing, and, as if by a miracle, one theory—that as to microbes—rising into

prominence great enough to generate the disease of *microphobia*.

There is no reason to believe, whatever the duration of the earth, that within the small portion of the universe presented to our investigation, there will ever be dearth of things worthy of discovery. Now, especially, are mankind well placed for the rapid multiplication of discoveries, in having two working bases, in the law of the correlation and conservation of force, and in that of evolution, whatever final limits and qualifications may be imposed upon and assigned to the latter agency. Where could we stop, if we pretend to enter upon a review of the marvels of discovery of the present age? Lose not sight of the circumstance that one great factor in this progress, never existing before, lies in the present attrition of mind with mind, through the intercommunication of men over the whole surface of the globe.

I will point you to a field where much remains to be discovered and employed in the interest of humanity—electricity. Charlatanism in this branch of therapeutics is out of all proportion to the regular scientific employment of this remedial agent. For one Apostoli, how many empirics are there in the field? And even Apostoli is chiefly noted for one kind of application of electricity. I make bold to say that the next few years will bring forth wonderful advance in the knowledge and the application of this agent. I think that but few persons realize to what degree we are dependent upon electricity in our daily lives. We picture ourselves to ourselves as plunged and living in an atmospheric sea, where the changes in our feelings are ascribed to one or other direction of the wind, to more or less coincident cold, to more or less coincident dampness. All these things are true; they are proved undeniable; but may there not be something else besides heat, light, and those other conditions, which, as much as any other one factor, may determine our health and our sensations of well or ill-being; and may not that factor be electricity? If, as has been found in one place from actual observation, deviations from the electrical mean fine-weather potential of the year, represented by $+4$, reach to ± 20 , or 30 , \pm and, with high wind and frost, even above $+100$; in thunder-storms sometimes exceeding ± 100 , and (although rarely) -200 (negative potential being usual in thunder-storms)—in what an atmosphere must we not confess that we live?

I promised brevity, so I must turn to another subject. Let me suggest to you, in passing, to some of you who may become experimenters, that an incident of your work be made to relate to the development of electrotherapy.

While Professor Jastrow has settled, once for all, that spiritualism has lost its hold on the credulity of mankind, the world has never before proved itself fuller of faith in it under some form or another—faith in the existence, close contact, and communication between this and the world of spirits. Why, have we not even spiritualistic medical practice? Have we not Faith Cure, and Christian Science, and Mediumistic Medicine—Molochs all that demand their pallid, if not their bloody, victims?

Has science aught to do with acceptance or denial of these things? Spiritualists say, No. Scientific men say, Yes. Science is right. Science could have aught to say if the faiths rested on things purely spiritual. But phenomena, from the very fact that they are phenomena, are an appeal to the senses.

If the teachings were purely spiritual, George Washington might be never so contradictory in his communications, and Franklin might, as usual, drive:

science could have nothing to say about the matter. It would be one for treatment merely by common sense. But when spiritualism is presented by its devotees to the gaze of science in the guise of phenomena, science has the right to investigate those phenomena, and pronounce upon the realities behind the phenomena. If I, a grave and reverend professor, could, under severe provocation, so far forget my dignity and the respect that I owe to myself, to my colleagues, and to this institution, as to kick an obnoxious person, that would undoubtedly be a phenomenon of spiritual manifestation. But, as a medical professor, psychologist, and student of anatomy, I should prefer to ascribe the action to physiological prompting and muscular ability. Now, if I had executed this feat behind a screen, from which my adversary was projected into a half lighted room, faith would have considered the phenomenon wholly spiritual; while, in the light of day, on the street, the only mystery would be if I were not arrested. If one of the Fox sisters could, as she did about a year ago, prove that it was by cracking the joint of her big toe in times long past, that her fame extended around the globe, and thousands of other spiritualistic impostors have been discovered, or have revealed themselves, I may be permitted to doubt the truth of spiritualism.

The absurdity that lies at the root of spiritualism is the claim that its phenomena are not to be rigorously treated, as other phenomena are which are subjected to investigation, but are to be treated gingerly, with certain limitations as to scrutiny. Faith does not require demonstration of truth, because it has accepted, as truth, the thing proposed. Those who have faith, therefore, yield observation without examination of the phenomena, while to those without faith all rigid examination of the phenomena is denied. Consequently, what is the use of the phenomena, if they are unnecessary to faith, and if they are not fully open to examination by disbelief? Direct revelation, without the interposition of phenomena, would be much more satisfactory, if it could only be made a little more accordant than heretofore in its utterances. We doctors, however, can rest satisfied, even if debarred from spiritualistic promptings; for we may, without vanity, be very sure that the medical advice to be at present procured on earth is rather in advance of any that could be secured from the silent majority.

Strangely allied in the popular imagination (although having no relation to it) to this increasing belief in spiritualism, which is now represented in the world by over a hundred journals, is the curiosity about hypnotism and mind-reading, separately or conjoined. Now, I have not the intention, as you may well suppose, to dispute that there is such a thing as hypnotic sleep, and that the thoughts of a waking person may be transfused into the will and action of the sleeper. Why, physiologically, should it not be possible? We have, besides, proof that thought and action are often so communicated. Neither do I dispute that there is, in a qualified sense, such a thing as mind-reading. We are all, even to babes, more or less physiognomists, and learn from the earliest age to read the language of the face. We learn even a less-developed language than this,—that of attitude and action, and even of attitude as portending action; as, witness, for a single instance, the pose of a man about to seize something from the ground to hurl at an adversary. Though he is momentarily still, his adversary sees from his attitude what is coming, and prepares to avoid it. In many ways, so subtle that they elude our immediate recog-

dition, we are all constantly engaged in mind-reading. But, when I am informed, as a letter from London once narrated, that the hypnotist, Fletcher, left an assembly while a young man was playing the piano, and as he passed out of the hall handed a paper to a person present; and when, in four minutes, the music ceasing, despite the will of the performer, and the paper being opened, it was found to be inscribed with the figure 4; when, I say, I am informed of a thing like this, I say *collusion*. When, to a gentleman in the audience expressing his doubts, Fletcher said, "rise," and it is alleged that he could not rise, I say transparent *collusion*.

Why do I say collusion? Because I have lived long enough to deny certain things that other persons readily accept. I have heard a young lady say that she could raise a piano by making her fingers hover over it. I asked her why she ever engaged a porter. She had not thought of that. I have, in the presence of an audience, tied behind his back the hands of a celebrated mind-reader and performer, while he whispered me not to fasten them so tightly that he could not disengage them. Yet I, as a physician, do not dispute—I, as a physician, should be one of the last to dispute—that a person of strong mind and will may compel a weak-minded person to do all sorts of things. But it must be through the vehicles of sense that he acts—through no telepathy. There is no telepathy beyond hearing, eye-sight, and touch. Who shall, however, within these limits, prescribe bounds with which one strong nervous system may not influence another through mind and will? Not I, certainly.

Allow for a factor in deception, not sufficiently taken into account, the strange love of notoriety among human beings, leading the weak-minded, especially, to lend themselves to fictions for the sake of prominence, or else to actions of the greatest absurdity, if they only secure attention. Have I not seen two urchins on a gutter-side, when, finding themselves under observation, immediately proceeded to wash each other's faces with dirty water, with no further recompense than the favor of my presence at the performance? Have not we physicians ample knowledge of the lengths to which simulation will go for the sake of mystery, and that, too, in what does not seem to be disease in the ordinary acceptance of the term? And, in the border-land between health and disease, do we not often see the cunning of hysteria, and that it is distinctly amenable to inner and outer will? But we do not happen upon the weak-minded and hysterical in an assembly of notables in London, and therefore I said, as to Fletcher's performance, *collusion*. Hypnotism, spiritualism, esoteric Buddhism, being fads in London, with much else, it is easy enough to obtain there persons representing the supply of proof for the general public demand.

What I, as your deputed honored counsellor on this occasion advise, is continuous effort in life. It will inure to your own advantage and to that of your chosen profession. I may be permitted to speak of myself, so far as to prove that I do not preach what I do not myself practice. I shall not attempt to recount the many directions in which I have evidenced my faith in works. Suffice it to say that, while technically a specialist, I have ever avoided confining myself within the bounds of specialism, sure that no specialty whatever can stand solitarily and securely alone. Realizing that upon the education of the laity the success of the best practice of medicine ultimately rests, just as charlatanism conversely rests on the promotion of ignorance, it has been my aim at all times

to communicate such sound information to the laity as they are capable of comprehending. The chief hold that homœopathy has is derived from ignorance of fundamental principles, and its invitation to the ignorant among the laity to play baby-house in sickness, which may begin with what is thought a trifle, but may end with death. I have in preparation now a work addressed to the laity, giving in popular form sound ideas as to all that conduces to well-being. If I intend that it shall be entitled "Health and Personal Beauty," my ulterior intention will be fully revealed when it is found from the text that I regard the art cosmetic as chiefly nature's art, and health, beauty, and mind, conjoined, as representing the highest being, conditions which, if life were ideal, would be one and indivisible.

All is not lovely in our profession. If it were, where would be the crown? There are patients who are stupid, who are weak-minded, who disobey, who neglect the *honorarium*. But no physician, I am satisfied, can be truly good unless, as well as those whom he treats, he be patient. Brillat Savarin draws a beautiful picture of an ideal practice when he says: "If I had been a graduated physician, I would, first of all, have written a good monograph on obesity. Then I would have immediately established my empire in that nook of science, and I should have had the double advantage of having for patients the healthiest people, and of being daily besieged by the lovelier portion of mankind, for to have just the right amount of plumpness, not a whit too much nor too little, is with women the study of their lives. That which I have not done, some other doctor will do; and if he is at the same time skilful, discreet and a good-looking fellow, I predict for him a marvelous success."

But, gentlemen, that does not describe the practice of medicine. It is the aspiration of an epicurean for an easy time and plenty of remuneration. As an epicurean, Brillat Savarin, who was also a man of distinguished ability, would have found the sameness too great in his proposed experiences. Variety, you will find to be, even in labor, some refreshment to the weary worker. Expect your difficulties. It is through them men are molded. Look forward to a worthy goal. It will lessen your trials and reward your success.

In concluding my address, I deeply regret to announce to you that Prof. James E. Garretson, your eminent Professor of Oral Surgery, whom we all love and venerate, and who occupies a warm and dear spot in all students' hearts, retires from his active duties. His name, however, has been, and will continue to be, quoted and lauded in our college halls, as a great thinker, a skilful surgeon, and a careful and precise teacher to the future doctor of medicine. In addition to his other exacting work, Dr. Garretson has always been a decided advocate of professional progress, and has accomplished much for his profession by his choice contributions to medical and scientific literature. I therefore, in behalf of my colleagues, upon this occasion tender to our distinguished and only emeritus professor our wishes for his future health, peace, and happiness. May his life be spared many years, and may he be enabled during his allotted time to continue to give his adopted Alma Mater his wise counsel.

Gentlemen of the graduating class, I bid you farewell. In leaving us, I trust that you will not fail to cherish in grateful remembrance your Alma Mater; that you will look back upon the time that you have spent here as having been fruitfully spent; that honor, comfort, reputation, happiness, may attend your way.

When you think of us, your late preceptors, we trust that it will be with the friendliness that we feel for you. We have striven to do our duty by you; to give you, during your three years' course, the most thorough grounding for your future medical career. The rest remains with yourselves to accomplish. We cannot part with you without sadness at the thought that our pleasant daily relations with one another must now be severed. We are only consoled in looking to you to shed lustre upon this, the institution of your choice. Gentlemen of the graduating class, I bid you, in the name of my colleagues and myself, with every wish for your health and happiness, a regretful farewell.

Clinical Lecture.

ANEURISM OF THE ARCH OF THE AORTA. VESICULAR EMPHYSEMA OF THE LUNGS.¹

By E. LARUE VANSANT, M.D.,
Visiting Physician to the Philadelphia Hospital, etc.

GENTLEMEN: This patient who is before us is sixty-one years of age. He gives us a history of good health, until coming to America, when he was eighteen years of age. Since then, during the greater portion of his life in this country, he has been a teamster, and has been compelled to do much heavy lifting in loading bales of cotton upon a wagon. In 1862 he entered the United States army, and served for three years during the war. During this time he received two wounds, one in the left shoulder, from a splinter of wood torn loose by a shell, and the other a flesh-wound over the sternum, produced by a spent bullet. In 1866 he entered the navy, and served four years as a marine. In 1869 he contracted syphilis, and had a copious secondary eruption upon his person. He has always used alcohol in excess. About a year ago, he began to trouble himself about a supposed injury received while lifting a heavy stone, when he said that he had a sensation of something giving away in his chest. He did not stop working, however, until November last, when he was compelled to through disability. Since an attack of influenza, in January, he has had an oppressive cough and a sense of strangulation. Since his admission into the hospital, his urine and his temperature have been normal.

Now, when we proceed to examine the patient, on inspection, we notice that he is laboring to get his breath, laboriously drawing it in, as it were. All of the accessory muscles of respiration are brought actively into play. When we look further, we see on the front of his chest the two scars of the wounds received during the war. The one over the sternum is simply a cicatrix, attached rather superficially; here, however, is a deep cicatrix upon his shoulder, and, just inside of it, is a marked pulsation, evidently produced by the pressure of the contracted tissues upon the artery. If we look closer still at the patient, we will notice that his heart is beating to the left of the nipple, and a little lower down than normal. Looking lower still, we can see a slight pulsation in the second right intercostal space, close to the sternum. Thus there are three pulsating points in this man's chest. In addition to this, we can see that there is a bulging of his chest, extending from the sternum to one and a half inches to the right of it. Furthermore, we see that the right clavicle protrudes, and

that the superficial veins are distended and somewhat tortuous. On *palpating* over this swelling, a marked pulsation is noticed. This pulsation follows distinctly after the pulsation over the region of the heart. We can also distinguish a thrill over this region. On *percussion*, we get a good pulmonary note over most of the chest. Over this swelling, however, there is a marked dullness. This dullness extends across the upper portion of the sternum, running from the second intercostal space to the right of the sternum under the sternum, in the region of the swelling and pulsation. In *auscultating* the chest, over the apex of the heart, we find a very low, soft murmur with the first sound, the second sound being somewhat increased. At the base of the heart, upon the right side, the sounds are clear, but increased, both more distinct than usual. Over the region of the swelling, we can hear the sounds of the heart very distinctly, with a marked accentuation of the second sound. Anteriorly, the breathing is vesicular, but associated with it is a very loud sonorous sound, such as is heard over the trachea or large bronchi. The same is heard posteriorly. Examining the patient further, we find nothing wrong with his eyes, the pupils are of the same size. There are no signs of paralysis upon his face, but it is slightly cyanotic, especially the lips. When we feel the pulse, we find that it is slow, regular, and somewhat increased in tension, but with no marked atheroma. On comparing the two pulses, we find that there is no difference.

Now, what can this case be? He complains of disturbance with his breathing and some pain in his chest, as the principal symptoms. What can this tumor be which is pulsating in this locality? It is evidently an aneurism situated on the aorta. Now, in diagnosing and examining for such a condition of affairs, we find these *subjective* symptoms: In the first place, he has the symptom of pain. Sometimes, too, these patients feel a beating distinct from the heart-beat. This man experiences this. We next find these *physical* symptoms: First, there is a pulsation which is frequently synchronous with the heart-beat, although here it follows a little after the apex-beat. In some cases this expansive pulsation is seen better than it is in this case, especially if the tumor protrudes more than it does here. This pulsation is a most important symptom in making our diagnosis. However, if the aneurism is situated deeply, we cannot always get this. Secondly, we have a tumor, and a tumor situated over the course of an artery. This may also be absent, if the aneurism is situated deeply and extends more backward than forward. If it is present, however, and accompanied with the pulsation, it strongly favors the diagnosis of aneurism. The size of the tumor is usually that of an apple to a fist, though it may become much larger. Again, among the physical symptoms, we hear a beating over this tumor. This beating or pulsation may be a sound transmitted through an encysted empyema or an abscess, or tumor; but here we get the heart-beat, with an accentuation of the sounds, carried through the enlarged vessel. Often we get a systolic murmur from the blood rushing through the aneurism. If a diastolic murmur is heard, it is apt to be due to an associated regurgitant aortic disease of the heart. In the aneurism itself thrombi often form, and then these symptoms may be absent. An aneurism is a circumscribed dilatation of an artery, and its walls are formed from the walls of the artery, though very much altered. In this cavity successive layers of fibrin are deposited, and if there are a great many of these, we may have com-

¹Delivered at the Philadelphia Hospital.

paratively little pulsation and little murmur. If the cavity is greater, we get the pulsation and thrill.

Now, what is the effect of such an aneurism here, in the arch of the aorta? In the first place, upon the circulatory apparatus. Usually the aneurism is not a sufficient impediment to the passage of the blood to produce much hypertrophy of the heart. In this case the heart beats lower down, and further to the left, as in an hypertrophy of the heart. This is due, in many cases, to the fact that the aneurism shoves the heart further to the left. The effect of an aneurism upon the arteries beyond the point of aneurism, however, is much more marked than upon the heart. We usually have a slowness of the pulse beyond the aneurism. Again, an aneurism of the aorta may impinge upon the vessels carrying the blood to one side of the body, interfering, on the right side, with the innominate artery. Thus, in these cases, we find the pulse of the right side smaller than that of the left, and following it in rhythm. This is, however, not the case here. Next, if the aneurism is of the descending aorta, we get the same set of symptoms, only in the lower extremities instead of in the upper. The seat of the tumor, here, is also changed, appearing between the scapulæ rather than under the sternum. Again, an aneurism may interfere with the venous circulation, as a result of which we get a marked cyanosis, and even œdema of the upper extremities.

In the second place, we have the symptoms produced by the presence of the tumor in the chest—the pressure symptoms. Thus, the tumor may press on the great air vessels—the trachea, and so forth—interfering thus with respiration. Again, it may press on one of the large bronchi, particularly the left, which is most exposed to pressure. In all such instances, we have interference with breathing. Again, the pressure may be exerted upon the intercostal nerves, or upon branches of the brachial plexus, resulting in severe and persistent neuralgia. Then it may press upon the sympathetic nerves; and here we get a difference in the size of the pupils of the patient. Then, again, it may impinge upon the recurrent laryngeal nerve, which, upon the left side, comes off of the pneumogastric nerve, just in front of the aorta, and curves, from before backward, round the aorta, to reach the larynx. Pressure upon this nerve gives rise to paralysis of the left vocal cord, and laryngologists, in all cases of paralysis of the vocal cords, examine at once for intrathoracic aneurism. It is not necessary, however, that paralysis of the left vocal cord positively means aneurism, as pressure from any reason, as from an enlarged gland will do the same. Again, the aneurism may press upon the œsophagus, and interfere with the patient's deglutition; or, it may be extended upon the large venous trunks, giving rise to œdema. The patient, thus, will have some of these symptoms of pressure. This man suffers with difficulty of respiration, which can be increased by assuming the recumbent position. Immediately, he commences to cough, as you see. At times he has had severe dyspnoea, while in the ward. He also has some difficulty in swallowing, and, in addition, has had some vomiting. There is a point of diagnosis here that is very difficult. Is this an aneurism of the arch of the aorta, or of the innominate artery? In aneurism of the innominate, we have a protrusion of the clavicle—as we have in this case—but then the tumor is higher up than it is here, and in aneurism of the innominate artery there is not apt to be so much pressure upon the respiratory tract.

What is the treatment for aneurism of the aorta?

All sorts of things have been tried for this condition, but with unsatisfactory results. Thus, constant pressure over the aneurism, acupuncture of the aneurism, galvano-puncture of the aneurism, ligation of the arteries beyond, injections into or around the aneurism, all have been tried, and all have been unsuccessful. The only case of recovery reported after ligation of the arteries was that of the innominate artery, by Smythe, one of our eminent operators. The treatment, which is medical, and well recommended, is one consisting of absolute rest, the heart being kept as quiet as possible. Heart sedatives may be given if the pulse is tumultuous and hurried. The diet should not be stimulating, and should not contain much fluid. By lessening the amount of fluid consumed we produce less circulating fluid. Two remedies seem to do considerable good. One is the iodide of potassium, and there are a number of cases reported of good results following the use of this drug. We are giving this man thirty to sixty grains per day. Sometimes the acetate of lead gives good results, but the iodide of potassium thus far has proven most advantageous.

Now, as to the further course of these aneurisms. If they are not cured, they may go on increasing in size, and owing to their increase in size, the pressure upon the surrounding structures will become more and more extensive. Their gradual pressure leads to an atrophy of the tissues, from their lessened blood supply, and following this atrophy we finally have an erosion of the tissues. These aneurisms even will corrode bone and force their way through the sternum and ribs, as is often seen. At length, even the skin may become necrotic and the aneurism burst. This erosion may take place internally into the trachea, bronchi, œsophagus or pericardium. Immediately in such cases we have a sudden gush of blood with instant death. The healing of an aneurism, when it takes place, does so through the deposit of fibrin on its walls.

I might say, now, just a few words as regards the cause of aneurisms. In this case, which we have before us, we have two of the causes presented. This man has had syphilis, and he has been a heavy worker, accustomed to lifting heavy loads. Both of these are frequent causes of aneurism. Another cause, not so present here, is atheroma of the vessels. This man, however, is old, and there may be a beginning of atheroma here. The slight, mitral murmur heard at the apex may be due to some deficiency of his valve arising from an atheromatous condition. If in these cases of aneurism we have marked anæmia, tonics are needed to build up the patient.

CASE II. This patient is a German, fifty-eight years of age; a stone-polisher by occupation. His father died of phthisis, his mother suffered many years with asthma. For a long time he has been troubled with dyspnoea, cough, and difficulty in expectoration. He has been frequently in the hospital. His last admission was two weeks ago, when there seemed to be a distinct nephritic history, with vertigo, diminution of urine, dimness of vision and œdema. His sleep was restless, appetite poor, bowels regular. His urine showed a small percentage of albumen and no casts. His temperature has been somewhat subnormal, $97\frac{1}{2}^{\circ}$ to 98° .

Now, gentlemen, we have a patient here with a lung trouble, difficulty of breathing, cough, and symptoms of vertigo, congestion of the kidneys, restless sleep, and some trouble in the stomach. When we look at the patient we see a condition that is very typical. Here we have a chest expanded in all di-

rections, particularly in the upper portion. The chest is rounded, the so-called "barrel-shaped chest," thicker at the top than at the bottom, where it seems to be narrowed. We also have an anterior curvature of the spine, and on deep inspiration we see that the whole chest moves and falls with the respiration. There is a rigidity of the chest walls. When we examine him further, on inspection, we find the heart beats lower down and further to the left than normal. The patient's face is anxious and somewhat cyanosed. When we come to percuss, we find a very resonant note, posteriorly as well as anteriorly, with a somewhat tympanic ring to it, a so-called vesiculo-tympanic note. In listening to the chest, there is heard anteriorly vesicular breathing, which, however, is very soft and great in quantity. We also have a very short period of inspiration, and a great prolongation of expiration. Posteriorly is heard the same condition, except that here and there we catch a sonorous note. On listening to the heart sounds, we find them normal and rather slower than usual. His pulse has been running from 60 to 80 beats per minute. No murmur can be heard.

Now, what is the condition we have here giving us this set of symptoms? This is a condition we know as vesicular emphysema of the lung. With this vesicular or medical emphysema, as it is sometimes called, we have marked changes in the lung itself. There is a permanent dilatation of the air vesicles. The small terminal bronchial tubes end in infundibula, and from the sides of these arise the alveoli, or air cells. In this condition we have a permanent dilatation of these vesicles. We have also an interference with the blood supply. The capillary blood-vessels run in the walls of the alveoli, and from the interference with the circulation we have an atrophy of the walls of the alveoli. They break down, and two of the little vesicles run into one, with a disappearance of the intervening wall. Indeed, several areas may break into one, and we thus have formed large channels in the lung. As a result, we have less lung area, the area of the blood circulating through the lung is diminished, and this diminution in the area of the walls thus leads to secondary changes in the circulation. We soon have a banking-up of the blood in the arteries, and following this, a congestion of the right side of the heart, followed by hypertrophy and dilatation of the right ventricle. Furthermore, we see at times the heart pushed to the left. Next, we have venous congestion in various parts of the body. This patient gives us the history of various attacks of congestion in different organs. He has albuminuria, due to congestion of his kidneys. He also has headaches, and indigestion. Dilatation of the heart gives a marked dullness extending to the right, and at times we can get a pulsation in this region. I had a case like this to show you to-day, with extreme dilatation of the right ventricle and venous congestion, but, unfortunately, the man died yesterday. In his case there was also a marked œdema of the feet and upper extremities.

The cause of emphysema is frequently a chronic bronchitis. This patient gives us such a history. It is not only preceded, but usually accompanied, by a bronchitis. We also find it in any condition that permanently over-distends the air vesicles. For instance, glass-blowers, and those who play on a wind-instrument are apt to develop it. Coughing, associated with bronchitis and any chronic lung trouble, predisposes to it. In coughing, the greatest expulsive effort comes on the chest, the glottis is contracted, and the air vesicles become distended. Compensatory

emphysema is seen in tuberculosis, where one lung is doing the work of two. I have such a case to show you, but the hour has expired.

Original Articles.

THE TREATMENT OF LOCAL AND GENERAL PERITONITIS.

By W. E. B. DAVIS, M.D.,
BIRMINGHAM, ALA.

THE following is an abstract of a paper read at the recent meeting of the Alabama Medical Association.

From a study of the experiments of Pawlowsky, Grawitz, Wegner and others, he thinks the following points pretty well settled:

1. Simple peritonitis, when caused by a sufficient quantity of a chemical irritant, will produce death by the extent of the inflammation.
2. Simple inflammation may terminate in septic peritonitis by producing a weakened condition of the walls of the intestines, which permit the passage of septic germs from the intestinal canal into the peritoneal cavity.
3. While pathological germs in a small quantity may be absorbed by the healthy peritoneum, without producing a peritonitis, the same quantity combined with a chemical irritant may produce a violent inflammation—the irritant having prevented the absorption of the germs, and caused the exudation of a nutrient fluid for their multiplication.
4. Large quantities of septic fluids and microbes always produce suppurative peritonitis; yet a small quantity of either may be absorbed and destroyed, unless the peritoneum has been weakened by antecedent pathological changes.
5. A septic fluid may gravitate into dependent parts of the peritoneum, and become shut up, either by plastic inflammation, or by a coil of intestine, and thus be prevented from producing diffuse peritonitis; but, after a time, this may rupture, and produce death from general peritonitis.
6. The germs of septic peritonitis will be found in the kidneys and other organs of the body, and in greater quantities, according to the extent and duration of the inflammation.
7. The condition of the peritoneum, and the nature and quantity of the septic product will determine the rapidity of the inflammation, which usually ends in from forty-eight hours to six days; but death may be produced from shock in a few hours. Tubercular inflammation is always slow in its progress.

From a consideration of the foregoing principles, he says the following indications for treatment must be arrived at:

- (1) Promote absorption of the inflammatory products of simple peritonitis as rapidly as possible, and thus relieve the inflammation, and prevent the possibility of septic peritonitis.
- (2) In the early stage of peritonitis, whether simple or septic, where the cause cannot be determined, hasten the absorption of inflammatory products, etc., with purgatives.
- (3) When medical treatment fails to give relief, septic fluids should be removed by operative procedure.
- (4) In localized peritonitis—with circumscribed pus-formation—the pus should be removed and the abscess cavity drained.

(5) In acute septic peritonitis, operative procedure must be adopted early, or there will be no chance of recovery offered by the operation, as the inflammation will become more extensive the longer it continues, and, too, there will be so great a quantity of septic germs absorbed into the system, that death will result from toxæmia, even though the local inflammation should be remedied by a late operation.

He quotes from Habershon and others, and states that it has been demonstrated that, in the large majority of cases, peritonitis is a symptom of some well-recognized lesion of the abdominal or pelvic viscera, and that the only rational treatment must be based upon this conception of the disease. Peritonitis is not a "disease distinct," as taught by Blichat, and upon which teaching the treatment of Alonzo Clark gained such great popularity. The "opium splint" is irrational, for it not only locks up the products of inflammation, but, as shown by Wylie, Johnson, Baldy, and others, and by his own experience, subjects the patient to one of the greatest dangers of the disease—obstruction of the bowels from adhesions.

In case of perforation of the bowel, opium is indicated to relieve pain and shock, and to prevent peristalsis and further escape of the intestinal contents into the peritoneal cavity. Again, morphine hypodermically may be used, with benefit, in some cases, when there is persistent and uncontrollable vomiting; but, at the same time, calomel in small and frequently repeated doses, may be dropped on the tongue and the bowels induced to act. There are many cases in which it is absolutely necessary to give a hypodermic injection for pain; but this should never be given in such doses as recommended by the advocates of the opium treatment, and should not be administered at all unless the patient's condition is being made more grave by the shock provoked from pain.

The first two indications for treatment are best met by free purgation, as taught by Tait and others, and the majority of those who have adopted this plan select the magnesium salts, as they produce very large watery stools. When the stomach rejects salts, calomel may be used.

He refers to a large number of cases treated by him in the most satisfactory manner by purgation, and among them several cases of threatened peritonitis, after laparotomies. During the past year he has not waited for symptoms of peritonitis after a laparotomy, but begins the use of small doses of salts, and, if not retained, of small doses of calomel, a few hours after the patient gets from under the influence of the anæsthetic, and aids the purgative by the administration of enemata of milk and whiskey every third hour, which relieve thirst, and stimulate and nourish the patient, if retained.

In these cases he has had to give an occasional hypodermic of morphine; but this did not prevent the bowels acting. He has had to depend on calomel oftener than salts, as it was not rejected. He reports cases illustrating how purgative treatment aids in diagnosis, and others to show how all symptoms may be masked by opium, and an operation delayed too long, and concludes by stating that it is very important not to resort to the free use of morphine, unless an operation has already been decided on, and this administered to relieve pain and lessen shock.

After cases of abortion, or delivery at full term, in addition to two large doses of ergot, to produce rapid involution of the uterus, he has his patients, within twelve or sixteen hours, take a decided dose of salts to prevent peritonitis.

He reports a number of cases of perityphilitis, and

advocates early operative interference. Since the cæcum and appendix are always completely invested with peritoneum, as demonstrated by Bull, the abscess of the appendix must be intra-peritoneal at the beginning, as has been shown by the experience of McBurney, Weir, Wylie, and others.

He agrees with Wylie that should the symptoms of local peritonitis, in the region of the cæcum, not begin to improve by the fourth or fifth day from saline treatment, and local applications over the seat of the inflammation, an incision should be made down through the muscles, and the peritoneum dissected up, until a place is found where the abscess is attached, and then opened. While the operation would be easier if delayed, the danger of the abscess returning and producing acute septic peritonitis must be borne in mind, and hence the increased difficulty in doing the operation is more than compensated for in the risk saved the patient.

Cases are reported to show that a negative result with the hypodermic needle should never cause a moment's delay in operating. He operates just as promptly when he can find no pus.

He endorses the views of those who advocate the removal of the appendix in frequently-repeated attacks of appendicitis, for the same reason that he would remove the tubes and ovaries for recurring attacks of pelvic peritonitis—when they are the cause of the inflammation.

In acute septic peritonitis, as met with in child-bed fever, or after perforation of the bowels, or from the emptying of the contents of an abscess into the cavity, or after operative procedures, or accidental traumatism, such as gun-shot wounds, stabs, etc., nothing short of a laparotomy can afford any chance of recovery—and this will not offer much prospect unless done very early.

He quotes the experiments of Pawlowsky, and recites his own experiments on animals to demonstrate how rapidly septic peritonitis may be developed and produce death. He also reports a number of cases of gun-shot injuries and stabs of the intestine, in which he has seen violent attacks of peritonitis developed in a few hours, and in which the symptoms before operation did not indicate its development. Hence, when the abdominal cavity has been entered, it should be opened and explored immediately. To wait for symptoms is to wait too long. Give morphine to relieve pain and shock, and operate, even though the patient should feel perfectly well after the relief thus afforded.

In cases of perforation of the appendix, etc., the operation should be done at once—unless the patient is almost pulseless—as by so doing the shock will be relieved. The same rule will hold in cases of ruptured abscesses. In cases of perforation in typhoid fever, the condition of the patient, before the accident, must be taken into consideration, as pointed out by Mears; but as this is a fatal accident, unless it can be remedied, by operative measures, this procedure should not be condemned without having been tried in a larger number of cases.

After a review of the open plan of treatment, as suggested by Dr. B. E. Hadra—which he condemns—he recommends the following method, which should be adopted in all cases of *acute general suppurative peritonitis*, and which will allow of the complete exposure of the abdominal cavity, the removal of the cause of inflammation, and assist in restoring the functions of the intestines:

The abdomen is opened in the median line; the cause, if found, removed; the cavity thoroughly

douched with hot water; all adhesions broken up, and, if tympanites is not marked, drainage tubes are introduced, through which the cavity may be washed out, as indications require. If the cause be found in the region of the cæcum, the drainage tubes should be introduced through a second incision in the right iliac region.

In those cases in which tympanites is marked, causing pressure on all the abdominal organs, and thus creating much constitutional trouble, it will require special attention, and upon this point he lays great stress; for this condition is a dangerous one of itself. Not only does the weakened intestinal wall permit of the continued passage of septic germs into the peritoneal cavity, and afford constant infection, but it must be remembered that the bowel cannot be replaced without great pressure and consequent traumatism, which will often kill in a few hours from shock thus induced. It advanced cases of peritonitis it must also be remembered, that the walls of the intestines are rendered inactive by inflammation, and the power of contraction cannot be restored, until the inflammation is relieved; and, hence, the bowel will continue tympanitic, and the exchange of septic germs kept up, unless this condition is remedied. Dupaul punctured the intestine with a fine hollow needle in cases of tympanites, with dangerous pressure symptoms, and this has been recommended by the leading writers up to this time; even Senn refers to this as a procedure which may be resorted to. This has been tried by the author a number of times, and he was never able to see an appreciable decrease in the tympanities, and he argues that it is not reasonable to suppose that a paralyzed bowel could expel any quantity of gas through a needle. He has also practiced making incisions into the bowel, and by pressure attempted to expel the gas, but this does not prove satisfactory. He considers the best method of relieving a distended, paralyzed gut, full of poisonous gas, is to fill it with hot water, as this will not only free it of tympanites, but, in getting rid of the gas and feces, etc., prevents infection.

Hence, in extreme cases, he believes an opening should be made in the lower part of the ileum, and the bowel thoroughly irrigated. An artificial anus should be formed, and the bowel irrigated through a soft tube as necessary to prevent tympanites and adhesions. Purgatives can have but little effect on a bowel, in fully developed septic peritonitis, when nearly all the coats are inflamed; so we must reach it mechanically. With this plan the colon can be washed through a rectal tube, the small intestine irrigated as required through the artificial anus, and the peritoneal cavity drained and douched.

This method meets all the indications for treatment, and is the one which should be adopted in all cases where marked tympanites is present.

A SUCCESSFUL INOCULATION OF LEPROSY.—Arring (*Arch. of Derm. and Syph.*) performed this experiment on a condemned Sandwich Islander, by inserting under the skin of the left forearm, a nodule taken from a leper child. Four weeks later, the patient complained of rheumatic pains in the left shoulder and arm, followed by a painful swelling of the ulnar and median nerves. Six months later, the neuritis had disappeared, and a small nodule made its appearance at the place of inoculation. Later, other symptoms of leprosy appeared, until now it is a well-marked case. This case is of great interest, since the thirty-one cases of such inoculation previously reported all failed.

Society Notes.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, April 18, 1890.

V. P. GIBNEY, M.D., Chairman.

HÆMATOMA OF THE STERNO-CLEIDO MASTOID MUSCLE.

DR. A. B. JUDSON presented a patient, four and a half weeks old, who had been referred to him as a case of congenital torticollis. There was a long fusiform tumor in the course of the muscle, the hardness of which suggested a short and fibrous sterno-cleido mastoid. There was, however, but little shortening, and no wry-neck. The condition was supposed to be the result of injury to the muscle in parturition. Dr. B. E. Hadra, of Texas, had reported two cases which had been relieved by tenotomy, and Dr. F. D. Brooks, of New Hampshire, had followed with a report of three cases, which had recovered by expectant treatment, or the use of friction and local applications. In the present case, a favorable prognosis had been given without special treatment.

A NEW BED FOR USE IN HIP DISEASE.

DR. A. M. PHELPS presented a little girl with hip disease, who had been treated on an improved surgical bed, which was also exhibited to the section. When she came under his care, there was flexion nearly to a right angle, adduction, sinuses, and an abscess, and the liver was already enlarged. His improved bed consisted of the ordinary iron bedstead found in hospitals, to which was added a convenient arrangement for the application of traction. The iron bed-posts at the foot of the bed were continued upward much higher than those at the head. An iron cross-bar slid up and down on these foot-posts, and could be fastened at any height, so as to make traction at any angle desired. This cross bar carried a pulley, which could be adjusted laterally, so as to make traction directly in the line of deformity. The side-bar of the bedstead was also fitted with an adjustable pulley for the purpose of making lateral traction. This apparatus cost about \$5, and could be supplied by Reynders, either with or without the bedstead.

The patient whom he exhibited had been treated by traction in this bed; but this was not sufficient to overcome the deformity. Under chloroform, the tensor vaginae femoris and fascia lata, the adductors longus and magnus, and the contracted anterior border of the glutei muscles and the rectus femoris, were divided. Traction, with a weight of eight pounds, was then applied in the line of the deformity, and a force of two pounds at right angles to this. After two months, the deformity had been, for the most part, reduced, and his splint, with crutches and a high shoe, were then applied to prevent relapse, and they would be continued until the case was cured.

DR. R. H. SAYRE presented

A CASE OF CONGENITAL LOCK-JAW.

No definite history could be obtained concerning this boy, except that he was five years of age, and that nothing unusual had been noticed about the jaw until a short time ago. The boy was quite intelligent, and no other joints were affected. The jaw

appeared to be subluxated backward, and the deformity was presumably congenital. The recession of the jaw, and the apparent atrophy on both sides, added to the interest of the case. Dr. Sayre said that before adopting any operative measures, he would attempt to relieve the case by stretching, and, for this purpose, would employ a wedge-shaped instrument, devised by Dr. L. W. Hubbard, and presented last year before the Society of the Alumni of Bellevue Hospital. It consisted of two plates of steel, fastened together by a separable hinge, and capable of being separated at the other end by turning a screw. Having partly separated the jaws of the instrument, a cork could be inserted between the plates, near the hinge, and the action of the screw reversed, when the instrument would exert considerable pressure on the molar teeth.

DR. W. R. TOWNSEND presented two cases of

RACHITIC POSTERIOR CURVATURE OF TIBIÆ.

He said that the dispensary records showed that about two years ago there was a well-marked knock-knee and rachitis in one case, who returned last week with the present peculiar condition of the tibia. Since then, the other case, with a similar deformity, had come under observation. The latter case presented an increased growth of one portion of the tibia, amounting almost to an exostosis. It also showed a well-marked "rachitic rosary." Macewen had called special attention to these secondary bone formations on the inner side of the knee, in cases of knock-knee. The posterior curves of the tibia were rarely seen, these being the only cases met with during the past two years, at the Hospital for Ruptured and Crippled.

DR. S. KETCH reported a case of

RHEUMATIC (?) ARTHRITIS OF KNEE.

On July 3, 1888, he was asked to see the following case, in consultation with Drs. Lawrence Johnson and N. J. Hepburn:

E. S., single, twenty-two years of age, having a good family history, had been perfectly well up to the present illness, and denied having had any venereal disease. An examination of the urethra failed to show the presence of a urethritis. Early in May, 1888, he had a slight attack of what was considered to be rheumatism, in the left elbow and right thumb, which left these joints in a few days, and lodged in the right knee. No other joints became involved; but he grew steadily worse under treatment for rheumatism, and emaciated rapidly after the involvement of the knee. When first seen by Dr. Ketch, he presented the facies of extreme suffering; the knee-joint was flexed beyond 90°, and was very much swollen, and excessively tender; there was manifest atrophy of the thigh and calf; pulse, 120; temperature, 103.5° F. He had had no chill. Anodynes were constantly required, and his general health was falling rapidly. The urine was abundant, and was free from albumen. Urates were in excess. The acute symptoms continuing unabated after the constant application of ice, and the administration of morphine and the salicylate of soda for several days, the patient was etherized on July 12, and the knee straightened with the exercise of as little force as possible. Adhesive plasters were applied from below the knee to above the malleoli, and plaster of paris over this, with reinforcements by steel bars, the joint being left exposed. The limb was elevated, ice-bags applied to the knee, and traction made in a straight line by a weight of ten pounds. This was followed

by speedy relief, and a reduction of the temperature to 100° F. On the following day, the swelling had greatly increased, but the limb could be handled quite freely. The joint was firmly bandaged, and the ice continued. On July 16, Dr. Gibney saw the patient, and advised a continuance of the treatment, regardless of the swelling. The patient did not then require anodynes; appetite was improving, and the temperature had fallen to 99° F. Ice-bags were continued during the month of August, and the local tenderness diminished more rapidly than the pain on motion. When the splint was removed, early in October, there was scarcely any motion at the articulation, and the joint could be freely handled without complaint. A retention splint was applied, and the patient allowed to go about on crutches. In April, 1889, the ankylosis was complete, and he was enabled to return to work. He could, at present, walk long distances without fatigue, and his general condition was good. The chief points of interest in the case were regarding the etiology and the treatment. He believed that there were cases of rheumatism like this one, in which the rheumatic process was modified, or entirely changed in character. The presence of a poison in the system was undoubted; but it was remarkable that it should have been so mild at the time the elbow and thumb were attacked, and then have become so concentrated in the knee-joint as to practically destroy it. Rheumatoid arthritis was usually a chronic process, involving numerous joints, and eventually crippling them; but such a process was not found in the present instance. The subject of treatment was important as bearing on the treatment of joints affected with rheumatism; and he was positive that his case would have resulted in a bad deformity if he had not, in the beginning of his treatment, secured a good position of the limb.

Discussion.—DR. GIBNEY had seen a great many cases of hæmatoma of the sterno-cleido-mastoid muscle, and they invariably got well. He had often wondered whether, in some cases of congenital torticollis, actual shortening of the muscle had not been caused by long-continued holding of the head in one position, necessitated by the presence originally of a large hæmatoma. In these cases of hæmatoma there was probably laceration of some of the muscular fibres, with escape of the blood into the sheath, or into the muscular tissue itself.

DR. N. M. SHAFFER said that he had made measurements of the length of the sterno-mastoid muscle in these cases, as well as in normal cases, and his observations showed that there was an arrest of development in the affected muscle, which suggested a possible central lesion, involving the spinal accessory nerve. These cases might arise from traumatism; but, unless the destruction of muscular tissue was very great, it would not account for the total arrest of growth.

DR. KETCH thought that the existence of some deformity in Dr. Phelps' case, after such extensive division of the muscles, showed the fallacy of depending altogether upon dividing muscles for the rectification of the deformity of hip disease. As long as the bone disease was active, and muscular spasm was present, deformity would return from this spasm, even after division of the muscles.

DR. SHAFFER also thought that division of the muscles offered only a temporary relief. He had frequently seen recurrence of the deformity after such a procedure in disease of various joints, and especially in cases of tetanoid paraplegia. An examination under ether would determine the amount of muscular

resistance, and the breaking up of the intracapsular and extracapsular adhesions, together with subsequent maintenance of the straight position, were all that could be expected in the way of preventing ultimate deformity.

DR. R. H. SAYRE said that much less traumatism was inflicted by dividing the muscles first, rather than by trying to reduce the deformity with the muscles in a state of tension. Dr. Ketch's remarks simply emphasized the importance of proper mechanical treatment after division of the muscles.

DR. KETCH said that, if the reduction of the deformity could be accomplished effectually by mechanical treatment alone, he did not see the advantage of the operation. In answer to a question from Dr. Phelps, as to what he would do with a deformity which had not yielded after one year's treatment by traction, he said, that such a deformity was probably due to intra-articular changes, and was independent of the muscles, and he would therefore prefer excision or other bone operation.

DR. JOHN RIDLON wished to join the ranks of those who believed in rapid reduction of the deformity—slow reduction caused needless traumatism. In some cases the deformity could be rapidly reduced by mechanical means, and without anaesthesia; others required anaesthesia; and still others were not reducible even then. In this latter class, the first indication was a division of the soft parts, and the second was to maintain the good position until a cure was effected. The average case of flexion, through an arc of forty-five degrees, required from twelve to eighteen weeks of treatment, with the traction splint, for its reduction; and the advocates of the traction splint had just confessed that the deformity would recur after such a treatment. The deformity should be overcome in at least a fortnight. Thomas' hip-splint would keep the leg straight, and prevent flexion, adduction, and abduction.

DR. A. B. JUDSON had not found that the muscles seriously interfered, in the acute stage of the disease, with the reduction of the deformity, and he considered that the reduction could be effected by slow and painless methods, without any harm to the patient. The difficulty in overcoming the deformity was a purely mechanical one, arising from insufficient leverage—only the short distance from the acetabulum to the crest of the ilium.

DR. PHELPS, in closing the discussion on his case, said, that the muscles were not divided to overcome reflex muscular spasm, but to overcome deformity; and, in obstinate cases of long standing, like the one just presented, this was a safe procedure; while excision of the hip joint was a serious one. He had not wished to cut the muscles more deeply, and the deformity, although not completely reduced at the time of operation in October, was being constantly diminished by the treatment employed. Statistics showed that a very small percentage of cases treated solely by mechanical means recovered without deformity, and therefore a resort to operative methods in a certain class of cases, and subsequent mechanical treatment, offered better hopes of success. He would be sorry to cut a tendon and have the case relapse—it would indicate improper treatment. He did not believe in trying to overcome the deformity by Thomas' splint, or any other. During the treatment, in order to get proper leverage, and hold the patient quiet, a long splint was applied to the well leg, extending to the axilla, and the body, limb, and splint enveloped in plaster of Paris. No splint could overcome the deformity, or possibly prevent it, which did not pass

up on to the thorax. The idea of allowing the patient to walk upon a splint, or upon the diseased limb, was a heresy which we would eventually renounce. The patient, in his opinion, should use crutches, and he thought that Thomas' struck in the right direction; but the splint should be fitted to the patient, and not the patient to the splint. Extension in a line with the axis of the neck of the femur was also necessary to relieve intra-articular pressure, by overcoming the contraction of the adductor and abductor muscles.

DR. JUDSON thought the physiognomy of the case of partial ankylosis of the jaw was one of arthritis, and the deformity was directly due to the inability to use the jaw, and was not the result of the peculiar shape of the bone. Operation seemed much more successful than the stretching process.

DR. PHELPS concurred in this opinion, and added that in his experience, good results had followed resection of ONE of the temporo-maxillary articulations, as ankylosis was usually found only in one articulation. An incision, one-and-a-quarter inches long, was made along the zygoma, and the articulation exposed. Chiseling away the articular surface, was all that was necessary to cure the case. His cases had presented evidences of arthritis. The ankylosed joint was always on the side of non-development.

DR. SHAFFER remarked that if he had not heard the history of the case, he would have supposed that the patient had had Pott's disease, and had been treated with an apparatus in which the chin-piece had been forced too far backward. He thought there was much rigidity on both sides of the jaw. If the parts relaxed under ether, the evidence would be in favor of arthritis; but if not, it would indicate a permanent contracture, and would demand operation.

DR. GIBNEY said, with reference to the case of posterior deformity of the tibia, that nothing but an osteotomy would correct the deformity. While under ether, the operator should endeavor to bring the fragments nearly into line, and then apply retentive apparatus. Subsequently, a supra-condyloid osteotomy would be needed. By doing a Macewen's or a Macormac's operation, the subsequent dressings would, in great measure, correct the antero-lateral curvature. He had frequently seen this occur, sometimes to a marked extent. It was possible that the long rest in bed might have made the bone more yielding.

DR. SHAFFER thought that the case of arthritis presented by Dr. Ketch, answered very well the complete description given by Niemeyer, of arthritis deformans. He considered this nothing more than chronic articular rheumatism, and he had seen it both with and without high fever. It closely resembled gonorrhoeal rheumatism, even in cases where gonorrhoea could be absolutely eliminated.

DR. H. W. BERG said that he had seen a case of gonorrhoeal rheumatism of the ankle joint, which was quite thoroughly ankylosed, and did not recover its function for nearly two years. In such cases the lesion affected chiefly the soft parts, the inflammatory products binding down the tissues so firmly that the joint was virtually ankylosed.

DR. R. H. SAYRE had seen a severe case of arthritis similar to the one presented. After confinement to bed for eight months, suffering from severe pain and high fever, the knee joint seemed to be absolutely ankylosed, and the patella immovable; but vigorous and persistent massage had secured, after about one year, pretty fair movement. The fact that the joint, in the case presented, was a little tender,

was in favor of the ankylosis not being complete; for the tenderness arose from the pain caused by an almost imperceptible motion of the joint. Persistent and careful efforts at moving the knee joint, not sufficient to cause pain lasting many hours, would, probably, give the patient a movable joint.

DR. JUDSON called attention to the admirable position of the limb, remarking that a perfectly straight limb was much more stable than one bent at ever so slight an angle. The cases of stiff knee should wear a "lift" on the shoe of the well side, to enable the stiff knee to readily swing past the other, and so avoid awkward tilting of the pelvis at each step.

DR. PHELPS thought that in Dr. Ketch's case there was fibrous ankylosis, and that by breaking this up, motion could be secured. In one such case, while forcibly reducing the deformity, the femur was fractured without the exercise of much force; and he called attention to this, because after prolonged rest in one position, the bone frequently underwent fatty degeneration, sometimes only a shell of bone remaining. Union of the fracture, in this case, took place normally. He did not think there was much danger of exciting inflammation by forcible manipulation in these cases, unless the joint had previously been purulent.

DR. SHAFFER's experience had led him to believe that there was considerable danger of exciting inflammation by such treatment; and he would prefer a stiff joint in good position to incurring such risks.

DR. KETCH, in closing the discussion, said that he believed his case belonged to a class which had never been accurately described. In ordinary cases of arthritis deformans, there was involvement of other joints. This was not true of his case; and the sudden onset of such acute symptoms, and the speedy occurrence of ankylosis, were certainly unique. His patient had far too useful a limb to make him desire to incur any risks by employing forcible manipulation.

MEDICAL SOCIETY OF NEW JERSEY.

THE one hundred and twenty-fourth annual meeting of the Medical Society of New Jersey will be held at the Heath House, Schooley's Mountain, Tuesday and Wednesday, June 10 and 11.

The following programme has been arranged:

Tuesday afternoon: Prayer by Rev. Hugh M. Smythe, D.D. Report of Committee on Credentials, Dr. Wm. Pierson, of Orange, Chairman. Report of Committee of Arrangements, Dr. E. P. Cooper, of Troy Hills, Chairman. Committee on Business, Dr. H. R. Baldwin, of New Brunswick, Chairman. Committee on Judicial Business, Dr. T. J. Smith, of Bridgeton, Chairman.

Tuesday evening: Annual address by the President, Dr. B. A. Watson, of Jersey City—A Historical Sketch of Surgery: Ancient, Mediæval and Modern. Report of the Standing Committee (embracing the medical history of the State for the past year) by Dr. T. J. Smith, of Bridgeton, Chairman. Papers: Does the Early Administration of the Salicylates in Acute Articular Rheumatism Prevent Heart Complications? by Dr. E. J. Marsh, of Paterson. Hydrophobia, by Dr. W. P. Watson, of Jersey City. Is Diphtheria Primarily a Local or General Disease? by Dr. N. G. Selover.

Wednesday: The report of Suggestions in Ex-President H. Genet Taylor's address. Report of Committee on Permanent Membership, Dr. Henry Mitchell, Asbury Park, Chairman. Reception of Delegates from Corresponding Societies. Address by

Third Vice-President, Dr. George T. Welch, of Keyport. Essay: Endometritis, by Dr. E. L. B. Godfrey, of Camden. Report of A Few Rare Cases of Abdominal Surgery, by Dr. O. B. Gross, of Camden. Report on Fellows Prize Essay, by Dr. H. Genet Taylor, of Camden.

The annual banquet will be held on Tuesday evening, at the Heath House, at 10 o'clock.

The Polyclinic.

PHILADELPHIA HOSPITAL.

CEDEMA OF THE SCROTUM.

THE man before us this morning came in with the diagnosis of hydrocele, but, the moment I took hold of the scrotum, I was convinced that the diagnosis was not correct. The scrotum is larger and more uniform than normal. Hydrocele is an accumulation of fluid in the tunica vaginalis testis. A spermatocele is a hydrocele of the cord. An encysted hydrocele is due to adhesions in the tunica vaginalis testis.

In the case before us, the fascia is thickened; the scrotum is equally enlarged; there is cedema of the mons veneris. Urine may extravasate into the loose cellular tissue of the scrotum and perineum, and cause swelling; but this is not the case here. This man has no history of obstruction of the urethral canal. There are two linear ulcers in his groin, from the removal of buboes. The trouble is due to an infiltration of serum. It pits on pressure. It is not a case of hydrocele, but it is cedema of the scrotum and mons veneris. The cedema is due to an interference with the return circulation by the infiltration in the groin.

It is a case for medical treatment, for this man's heart shows a murmur which may account for part of the trouble. He needs general medical, as well as local surgical, treatment. I would examine this man's urine, and, in the meanwhile, place him on Basham's iron mixture, citrate of potash, and digitalis.

—Deaver.

SEQUESTROTOMY.

This patient, who has been before you before, is suffering with necrosis of the inferior maxillary bone. This man had a comminuted fracture of the lower jaw, six months ago, and at that time he was treated and discharged. First of all, I examine to learn if he has an ununited fracture that may be due to an osteomyelitis; but I cannot elicit any ununited condition. There is a circular opening into the jaw-bone, that has been established by ulceration and leads into the cavity or substance of the bone.

Sequestrotomy is a process of chiseling away the new bone (involucrum) and lifting out the sequestrum, curetting and converting it into a healthy sore, which heals by granulation from below upward. In a case of this kind, you chisel away the surface of the jaw-bone, to expose and get at its interior. The parts are now thoroughly opened, and I find a number of small sequestra. There is no doubt but that this man had a comminuted fracture, and that the sequestra are little fragments of bone which had been irritated and cut off from nutrition. These masses acted as foreign bodies; therefore you can see the rationale of cutting down on them and removing them. After thoroughly curetting the cavity and cleansing it, you can pack it with prepared bone chips—bone grafting, as it were—which possesses the advantage of less de-

formity and much quicker healing. If this is not desirable, you can use sulphate of zinc or copper as an injection, but unless all sequestra are thoroughly removed, it will not heal. Cleanse the cavity with bichloride of mercury solution, and pack it with iodoform gauze.

Where a wound connects with the mouth, it is well to use boracic acid, in place of bichloride, as the latter is liable to enter the stomach, and cause irritation, or may be poisoning.

[NOTE.—One week later, the case was doing very well and granulations were forming nicely. Every four or five days the cavity will be packed with iodoform gauze, and, in a comparatively short time, it will be healed. Carbolized oil was formerly used as a dressing, but it is not antiseptic enough, but will answer in the absence of the iodoform.]—*Deaver*.

EPITHELIOMA OF THE LIP.

The next case I bring before you is one of disease of the lower lip, in which I propose to do the operation that is done for the removal of epithelioma. It was operated on before, but the trouble has returned. I am inclined to think it is a case of epithelioma, but it does not present all the characteristics of that disease. It came on this young man from a bite on the lip, received in a fight with another individual, and this resulted in a tubercle, which was removed. The recurrence of the disease is no reason for reflection on the operator who removed it, for a mistake might easily be made, by not removing enough of the surrounding tissues. It is better to have a little deformity than to leave some tissue that will reproduce the disease, and require subsequent operation. This is the golden rule with all cases of carcinoma and similar troubles—always remove enough of tissue, and do not sacrifice principle for appearance.

Just here let me say, in this connection, that in cancer of the breast it is best to remove the *whole* gland, and not the tumor alone, for it will return as a rule.

—*Deaver*.

MEDICO-CHIRURGICAL HOSPITAL.

ELASTIC BANDAGE IN ELEPHANTIASIS.

MRS. —, aged sixty-three, was seized with fever and pain in the left leg. An erythematous eruption appeared, extending from just below the knee to the toes. This subsided in the course of a week, leaving the leg somewhat swollen and oedematous. Within six months, four such attacks occurred, at intervals becoming shorter with each attack, and leaving a somewhat greater enlargement. The eruption never showed any disposition to spread, or appear above the knee, though in other respects it closely resembled erysipelas. Altogether, the attacks seemed to be those which attend the course of elephantiasis. Having previously obtained excellent results from the use of the elastic bandage in the latter disease, I ordered one to be applied in this case, as soon as the fourth acute attack had subsided. The result has been that no subsequent attack has occurred, and the leg has been reduced to its normal size, no trace of oedema remaining; while the skin presents the appearance of perfect health.—*Waugh*.

CONGESTION OF THE LUNGS.

A lady, aged sixty-three, stout and plethoric, with marked senile arc, and who had had pneumonia several times, for which bleeding was necessitated, presented herself with the following symptoms: Fever, headache, some delirium, pain in the upper half of

the right lung, and faint crepitation, with some oppression in breathing. She was given thirty grains citrate of potash and five grains nitrate every two hours, and the chest rubbed with thapsia ointment, fifteen per cent. in oleite. The threatening symptoms subsided, and she was out of bed in three days.

—*Waugh*.

PHENACETINE IN MEASLES.

I have had, in my practice, a singular experience with phenacetine. A little girl, four years old, has had measles, and with it a severe attack of catarrhal pneumonia. Through this she has slowly struggled, when, upon Saturday, May 10, her younger sister was presented to me with the symptoms of commencing measles typically displayed. Phenacetine was ordered, in doses of two grains, with one-half grain of Dover's powder, to be given every two hours. The next day, all signs of the disease had vanished, the temperature had dropped to normal, and the child ate and played as usual. During the following day she became feverish, and began to sneeze and cough again; but, after a few of the powders, these symptoms passed away. Another sister, aged six years, also commenced to show the same evidences of morbillous infection; but these quickly passed off under the same treatment. Neither had ever been attacked previously by measles. I do not affirm that the phenacetine actually aborted the attack; but the inference that such was the case is strong enough to warrant a more extended trial.

—*Waugh*.

As a means of increasing the excretion of uric acid, salicylate of soda has thirteen times the power of salicine; while salol occupies an intermediate place.

ELECTRICITY FOR FIBROID TUMOR.—The following conclusions are taken from an editorial on the use of electricity in the treatment of fibroid tumors, which appeared in the *Jour. of the Amer. Med. Association*:

1. Electricity will relieve the pain due to pressure and sympathetic disturbances in the majority of fibroid tumors treated by that agent, in from one to six applications.
2. Hemorrhage due to fibroids can be relieved by the positive galvano-caustic applications of electricity in all cases in which a sufficiently concentrated dose can be applied to the greater portion of the endometrium.
3. A large percentage of tumors of enormous size can be checked in growth, and often reduced in size, by an intelligent and persistent application of this agent, while tumors of medium and smaller size can be markedly reduced, and, in a few instances, be made to totally disappear.
4. The majority of patients, while under this form of treatment, improve rapidly in general health, from the characteristic tonic effect exerted upon the whole system.
5. According to the only statistics given, eighty-four per cent. of patients submitted to the treatment are symptomatically relieved, four per cent. absolutely cured, while twelve per cent. are not benefited, or failed to make a fair test of the treatment.
6. The treatment is not by any means painless in a large number of cases, although an anæsthetic is seldom resorted to. A well tried system of concentration, however, has been adopted, by which, as a rule, all the benefits of the agent can be obtained, without transcending the toleration of the patient.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, May 17, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

THE TIMES AND REGISTER,
REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.
PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION,

Address all communications to THE MEDICAL PRESS COMPANY,
LIMITED, 1725 Arch Street, Philadelphia.

THE LATE EXAMINATION FOR BLOCKLEY RESIDENTS.

IN our remarks upon this examination recently, the question of its relations with the four colleges of the city was designedly omitted. We may say that no one of the examiners looked upon himself as representing the interests of any one of the colleges, but the earnest desire of each was that justice should be done to every candidate who applied. The examiner who holds a chair in the Medico-Chirurgical College desires to testify to the honorable conduct of his colleagues, whose markings of the candidates from that school were somewhat higher than his own.

A member of the faculty of one of the schools has quoted a portion of the results of this examination in such a way as to make of it a triumph to his own college, and this has also been done by one of our contemporaries. That the public may judge how far these inferences are justified, we lay before them the results of the trial as affecting the several schools:

The University has approved her scholarship, which nobody has ever denied, by securing thirteen out of the twenty positions. But those of her friends who claim that no other college can prepare candidates as well as she, find their assumptions unwarranted. Jefferson College has never made the claim that any group of her graduates, in any year, would pass as high as any group from any other college. Her claim was that an examination which resulted in the success of none but University graduates was not a fair test when conducted by adherents of the successful college alone; and the results of the present examination fully justify her position. The two smaller schools bear away the honors, and illustrate anew the value of teaching in small classes. The Woman's College put in 75 per cent. of her candidates, 3 out of 4, and the average of the whole number was 84.6. The Medico-Chirurgical gets 60 per cent., 3 out of 5, with an average for the whole number of 83.7. The University puts in 13 out of 25, or 52 per cent., with an average of 81.9. The Jefferson College succeeds with 1 out of 11, and the average was 79.1. It will thus be seen that the average of the University candidates was but 2.8 per cent. above the Jefferson; the

Medico-Chirurgical 1.8 per cent. above the University, and the Woman's 0.9 per cent. above the Medico-Chirurgical. It is evident that the smaller the number of candidates, the more likely a college is to take a high rank. Had either the Woman's or Medico sent 25 candidates, it is probable their average would not be above that of the University; while, had Jefferson 14 more representatives, they might have raised her average equally. Of the successful candidates, those of the Woman's College averaged 86.4; the Medico-Chirurgical, 86.4+; the University, 85.4—, and Jefferson 87. Of the 45 candidates, 28 received a grade between 80 and 90; 17 between 70 and 80.

With the coming term, Jefferson College inaugurates the three years' graded course, and we may hereafter expect to see her graduates take as high a rank in these honorable competitions as they have always done in the practical work of the medical profession. It would be wise if, in the other large hospitals, a similar Board conducted the examination for residents. At present, many of the best students of some of the colleges decline to compete, believing that the trial would not be wholly impartial. At the German Hospital, for instance, the announcement that the places were open to three of the colleges, without mention of the fourth, was taken as an indication of the way in which graduates of that school would be treated if they presented themselves. One of the finest graduates of that college, whose grade was higher than the successful candidates at the Blockley examination, a Master of Arts, and a German scholar, was deterred from presenting himself by this consideration.

TRAINING THE STOMACH.

THE habit of taking a unilateral view of a subject appears to be inherent with our homoeopathic brethren. In a recent number of the *Dietetic Gazette*, we took occasion to point out what we consider a prevalent fallacy in the rearing of children: that is, the encouragement of idiosyncrasies as to habits of diet, and the enervation of the digestive apparatus by the avoidance of all substances which are difficult of digestion. We refer the reader to the article quoted, for a discussion of the subject, which need not be repeated here; further than to reiterate our belief, that as the mind may be strengthened by resolutely facing unpleasant things, as the skin may be toughened and rendered insensible to injurious influences by exposure, so the stomach may be trained to the performance of its functions until it is able to digest anything of the food kind which may be placed in it. Now, from this, a writer in the *New York Medical Times* draws the unwarranted inferences that we "teach only one rule, that is, in eating to be never ruled by the stomach." He goes on to quote, as an illustration of our idea of the "judicious" use of the hardening process, an incident related to demonstrate its results; that of a child, who sat under a hydrant with the water turned on.

These quotations are sufficient to show the spirit of the critic. We are quite certain that we did not transgress our habit by laying down any immutable

laws as to the directing of children. If the physician has not the judgment to apply general principles to special cases, he has mistaken his vocation.

The principle advocated in the *Gazette* article was that it is good practice to train a child's stomach, and increase its power by gradually accustoming it to all sorts of food; while, except in indigestions of a transient character, the practice of forbidding every article of food whose digestion offers the least difficulty, and limiting the diet to a few articles, does not, in the slightest degree, tend towards a cure; but rather to a confirmation and extension of the digestive incapacity. This proposition does not appear to us as requiring demonstration; it is axiomatic. The clinical proof is easy.

PERSISTENT THIRST.

THIRST, continuous, without apparent local or general disease to cause it, was the prominent symptom in an interesting case described by Bailey, in the *Medical Mirror*. During a febrile attack of remittent type, with great gastric disturbance, the oral mucous membrane was fiery red. Profuse hemorrhage followed the prick of a hypodermic needle. The fever and oral inflammation subsided, but the thirst remained permanently; no treatment giving any relief.

Cases of fever, with great gastric disturbance, but neither typically typhoid nor malarial, were quite frequent in Philadelphia a few years ago. We then called attention to the peculiar type, and also to the facility with which they were cured by the administration of the sulphocarbolates.

Excessive thirst, when due to excessive drinking, especially of iced beverages, is accompanied by the symptoms of oral catarrh. It is also present in diffuse syphilitic stomatitis, and we have noted it in some cases of syphilis, when there were no visible signs of disease of the mucous membrane present. In a case of hysteria, also, excessive thirst was a prominent symptom, without visible local lesions.

Annotations.

THE MARION-SIMS COLLEGE OF MEDICINE.

WE have long felt that St. Louis really needed a new medical college. Last summer, as we rode along her streets, watching the Indians who had strolled in from the neighboring reservation, and dodging an occasional buffalo, we felt that another college was the one thing needful to make her citizens happy. And now it has come. The Marion-Sims College of Medicine has assumed shape, and presents itself with a faculty at least equal to any of those previously existing in St. Louis. Dean V. H. Bond, with Professors Carpenter, Summa, French, Barck, Love (our own I. N.), Lemen, Trentler and Hughes, are too well known to require introduction. Even before the announcement of the faculty, a four-story college building is commenced. We are informed that it will contain two fine amphitheatres, each capable of seating five hundred persons, and all the departments of a well-equipped modern medical college. That

other and more essential equipment, of brains, is already provided, in the faculty named above. The Marion-Sims College will not be long in demonstrating her right to existence. St. Louis has the elements of a great medical center. Her population is large enough, and her hospitals numerous enough, to afford abundant material to her clinics; while her geographical position enables her to present examples of all the diseases of the great Mississippi valley, including the celebrated malarial belt. The student who expects to practice medicine in that section will probably find there a better representation of the diseases he will be called to treat than in the cities of the sea-board. St. Louis is a healthy and attractive city for the student; and living is not expensive. The enterprise and professional ability of her physicians are of the highest order. The number of her medical schools must inevitably give rise to such emulation among them that the student will be greatly benefited.

LACTATION DURING MENSTRUATION.

SCHLICHTER has raised the question as to why the pregnant woman should be forbidden to continue nursing her infant. He claims that there is no good reason for such prohibition, and that the milk is just as wholesome as when the mother is not pregnant.

We fancy that in this country the prevailing opinion is that a woman who is supplying from her own blood the materials for the development of the foetus in her womb, has enough of a drain upon her, and ought to be relieved from that of nursing another child; and that if she continues to nurse, either the mother or one of the infants will probably show the bad effects of it by innutrition, general or special.

STUDY AND SPORT.

IT can scarcely be said that physical education in colleges has received its final development. The athletes at a certain institution in this city, are, it is said, invariably to be found at the foot of their classes; while in the examinations a good deal of allowance is made for those who uphold the honor of the school in athletic sports. There is no doubt that boating and ball matches constitute an efficient means of advertising a school, and that young men are attracted to the institution holding the "Championship." But exercise can be secured without neglecting the studies, and the college which declines to sacrifice the interests of its students to procure a little free advertising, is the one which should be preferred by judicious parents.

THE proposed physicians' trip to the Berlin Congress appears to be popular. There are two parties among those who have communicated with us. One wishes a six weeks' trip, with a week each in London, Paris and Berlin, the round trip costing about \$250. The other desires, in addition, a run through Switzerland, the Rhine, Munich, Vienna, Holland, etc., occupying two months, and costing \$470. As all physicians will desire to see about the same places, this trip will be more harmonious than one taken with a mixed party. Those wishing to take the trip should communicate with us at once.

CHLORALAMID has been tried as a hypnotic for the insane by Mabon (*Amer. Jour. of Insanity*), who finds it inferior to sulphonal and chloral.

Letters to the Editor.

HALLUCINATIONS.

MAY I ask for the publicity of your pages to aid me in procuring co-operation in a scientific investigation for which I am responsible? I refer to the *Census of Hallucinations*, which was begun several years ago by the Society for Psychical Research, and of which the International Congress of Experimental Psychology, at Paris, last summer, assumed the future responsibility, naming a committee in each country to carry on the work.

The object of the inquiry is twofold:

1. To get a mass of facts about hallucinations, which may serve as a basis for a scientific study of these phenomena; and

2. To ascertain, approximately, the *proportion of persons* who have had such experiences. Until the average frequency of hallucinations in the community is known, it can never be decided whether the so-called "veridical" hallucinations (visions or other warnings of the death, etc., of people at a distance) which are so frequently reported, are accidental coincidences, or something more.

Some eight thousand or more persons in England, France, and the United States, have already returned answers to the question which heads the census sheets, and which runs as follows:

"Have you ever, when completely awake, had a vivid impression of seeing, or being touched by, a living being, or inanimate object, or of hearing a voice, which impression, so far as you could discover, was not due to any external physical cause?"

The "Congress" hopes that at its next meeting, in England, in 1892, as many as fifty thousand answers may have been collected. It is obvious that for the purely statistical inquiry, the answer "No" is as important as the answer "Yes."

I have been appointed to superintend the Census in America, and I most earnestly bespeak the co-operation of any among your readers who may be actively interested in the subject. It is clear that very many volunteer canvassers will be needed to secure success. Each census blank contains instructions to the collector, and places for twenty-five names; and special blanks for the "Yes" cases are furnished in addition. I shall be most happy to supply these blanks to any one who will be good enough to make application for them.

WM. JAMES.

HARVARD UNIVERSITY, Cambridge, Mass.

A HIGH DEGREE OF HYPERMETROPIA.

F. T., American, age twenty-five, gray eyes, of Eudora, Kan., consulted me February 21, 1890. Examination revealed one of the highest degrees of hypermetropia I have ever seen. The optic nerve and retina, with their blood-vessels, could be easily seen at a distance of four or five feet from the eye. The antero-posterior axes of the ball measured less than 20 m.m., while the greater diameter of the optic disc measured less than 5 m.m. There was a slight physiological cupping of each disc. Vision of the right eye was $\frac{20}{20}$, and of the left $\frac{20}{20}$. With a +4.50, or 8 D., the vision of either eye was brought up to $\frac{20}{20}$. There was convergent strabismus of both eyes; 6 m.m. of the right, and 4 m.m. of the left. I prescribed these strong glasses of +4.50, which the patient is wearing with satisfaction and comfort. With them he is able to read the finest print. They have entirely relieved

him of the ciliary neuralgia, or temporal headache, of which he complained, and for which he mainly consulted me. The strabismus is, by the use of the glasses, also being corrected. The main points of interest in the case, as they appear to me, are the extremely high degree of hypermetropia, the alternating concomitant squint, the same amount of vision in either eye, the extreme shortness of the eye-ball, the small disk, and the tolerance of so strong a convex glass.

KANSAS CITY, Mo.

F. B. TIFFANY, M.D.

Pamphlets.

An Epitome of Examination of Recruits. By Charles R. Greenleaf, Major and Surgeon, U.S.A. This Epitome has received the approval of the Secretary of War, and is the official standard for the physical examination of recruits for the U. S. Army, and for admission to the Military Academy at West Point, and to the Medical Corps, U. S. Army. The following extract from a note in the official register of the U. S. Military Academy, West Point, is equally applicable to candidates for admission to the Medical Corps, U. S. Army: "It is suggested to all candidates for admission to the Military Academy, that, before leaving their place of residence for West Point, they should cause themselves to be thoroughly examined by a competent physician, and by a teacher or instructor in good standing. By such an examination any serious physical disqualification or deficiency in mental preparation would be revealed, and the candidate probably spared the expense and trouble of a useless journey, and the mortification of rejection." Price, 75 cents, postage prepaid.

The following pamphlets by Prof. Arnaldo Cantani:

Caso di Streptococcemia Metastatizzante Lezione Clinica e Considerazioni Patologiche.

L'Acido Tannico per Enteroclisi contro il Cholera Nota.

L'Applicazione delle Sanguisughe al Setto ed alle Pinne Nasali.

La Broncostenosi Catarrale Diffusa, ei suoi rapporti con L'Enfisema e L'Asma Riflesso.

L'Asma Lipocardiaco Nota.

L'Ipdermoclisi nel Pericolo di Arresto del Cuore per Disanguamento.

Risultati della Cura del Cholera colla Ipdermoclisi ed Enteroclisi.

Sull'Idrofobia Lezioni Cliniche.

Sulla Utilità e sulle Varie Indicazioni Terapeutiche dell'Enteroclisi Lezioni Cliniche.

Séparat-Abdruck aus den Verhandlungen des Congresses für Innere Medicin.

Tentativo di Cura Abortiva dell'Ileotifo Comunicazione Preventiva.

Un Caso di Beriberi Curato colla Sospensione.

Una Forma Nuova di Bronco-Pneumonite Acuta Contagiosa.

Un Caso di Adeno-Tifo di Difficile Diagnosi.

Ueber Diabetes Mellitus.

Un Caso D'Isterismo con Disfagia Spastica Curato colla Suggestione Ipnotica.

Un Caso di Atrofia Progressiva dei Bulbi Piliferi Sotto Forma Arreata, con Disposizione Simmetrica.

Un Caso di Ossaluria, Lezione Clinica.

The Medical Digest.

FRAVEL (*Southern Clinic*) reports five cases of pneumonia in one family, all recovering. Looking upon weakness of the heart as the danger-point, the treatment was stimulant and sustaining, with expectorants in the latter stages.

To detect iodoform toxæmia, it is suggested that a piece of silver be put in the mouth; when a garlic taste will show the presence of iodoform. If the saliva be mixed with calomel, a canary yellow color is manifested. These tests indicate iodine, not iodoform only.

FRENCH NOTES.

BY A. E. ROUSSEL, M.D.

THE UTILITY OF CATALEPSY.—A young girl, aged seventeen years, was seized with a violent attack of catalepsy, and fell into the canal. A boatman plunged into the water to rescue her, but was unable to bring up the body until twenty minutes had elapsed. The most singular fact is that when brought ashore, the girl presented all the symptoms of catalepsy, and, after this long immersion, was restored to life.—*La France Médicale*.

ELIXIR FOR GASTRALGIC DYSPEPSIA (Huchard).—

R.—Hydrochlorate of cocaine 0 gr. 50.
Hydrochloric acid (medicinal) 2 " 50.
Elixir of garus 250 "
Distilled water 50 "

M.—Sig. Take a wineglassful after each meal, in dyspepsia which is accompanied by gastralgia.

ANTIASTHMATIC INHALATIONS.—

R.—Sulphuric ether 30 grammes.
Essence of terline 15 "
Benzoic acid 15 "
Balsam of tolu 8 "

Mix in a jar with a wide opening. To be inhaled during the attack.

—*La Bulletin Médicale*.**LINIMENT FOR NEURALGIA.—**

R.—Camphorated alcohol 90 parts.
Ether 30 "
Tincture of opium 6 "
Chloroform 20 "

M.—Sig. Apply on flannel.

—*Journal de Médecine*.

INFLUENCE OF ANTIPYRINE ON THE SOLUBILITY OF QUININE.—One gramme of chlorhydrate of quinine mixed with 0 gr. 40 to 0 gr. 50 of antipyrine, will dissolve in 2 grammes of distilled water, even at a temperature of 25°–30° C., and 1 gramme of chlorhydrate of quinine with 0 gr. 20–0 gr. 25 of antipyrine, will dissolve in 2 grammes of water at 45°–50° C., while 1 gramme of chlorhydrate of quinine, without antipyrine, will not dissolve in the same quantity of water at a temperature of 52.5° to 56.25° C. Pure quinine will crystallize on the cooling of an aqueous solution, while an aqueous solution with antipyrine will last longer. Valerianate of quinine acts absolutely in the same manner.

This property of antipyrine is of considerable practical importance; it enables us to obtain watery solutions of quinine without the addition of any acid, which facilitate its employment in subcutaneous injections.—*Journal de Médecine*.

ON THE VALUE OF A HYDRO-ALCOHOLIC SOLUTION OF CORROSIVE SUBLIMATE IN ERYSIPELAS AND IN DIPHTHERIA.—Fiaccarini has applied the following solution in erysipelas:

R.—Corrosive sublimate. 0 gr. .50 to 1 gram.
Distilled water 50
Alcohol 50

He makes use of an ordinary atomizer, and renews the applications three to six times daily, directing the spray as far as the surrounding healthy parts. They are then carefully covered with absorbent cotton, soaked in a less concentrated solution of the sublimate:

R.—Corrosive sublimate 0 gr. 50.
Alcohol 100
Distilled water 500

This method has always given excellent results.

Formula No. 1 (making use of 0.40 to 0.50 cent. of sublimate only) has been equally used with success by the author in pharyngeal diphtheria.

This is applied to the parts three times daily.

—*La France Médicale*.

TREATMENT OF THE PUSTULES (IN VARIOLA) OF THE FACE BY THE SPRAY OF CORROSIVE SUBLIMATE.—Charles Talamon uses the following solution:

R.—Corrosive sublimate,
Citric acid or tartaric āā 1 gramme.
Alcohol at 90° 5 cent. cubes.
Ether q. s. to make 50 "

These pulverizations are used three or four times daily, and continued until the entire dessication of the pustules.

Talamon had added to this, applications of glycerole of sublimate (1 to 15), in a manner to maintain the skin under a constant antiseptic covering.

These pulverizations diminish the number and depth of the cicatrices. In the confluent form, and in severe cases, Talamon makes use of lukewarm baths of sublimate (30 grammes of sublimate to an ordinary bath, to be used for three-quarters of an hour, or one hour).

This treatment has no influence whatever on the severe confluent forms of variola, but in the less severe cases the mortality has diminished from 18.79 to 12.69.—*La Médecine Moderne*.

NEW MEDICAMENTS EMPLOYED IN DERMATOLOGY SOZOIODOL, ARISTOL.—Under the name of sozoiodol we class different preparations without odor or toxicity, destined to replace iodoform. These are the salts of the acid diiodoparaphénolsulfurique $C_{12}H_7I_2O_2(S_2O_6)$. The following are several formulæ which seem to be most used:

1. In the dressing of burns and wounds:

Pomade: Sozoiodol of potash 3.
Lanoline 30.
Powder: Sozoiodol of potash 5.
Chalk 20.

2. In skin diseases—eczema, etc.:

Powder: Sozoiodol of soda 2.
Chalk 20.
Pomade: Sozoiodol of mercury 0.5.
Lanoline 25.

3. In blenorrhagia:

Sozoiodol of zinc 1.5.
Distilled water 100.
Tincture of opium gtt. xx.

In injections, three times daily.

Aristol is a combination of iodine with thymol; it is a diiododithymol. It is amorphous, colored reddish-brown, insoluble in water and in glycerine, but little soluble in alcohol, easily so in ether. Alcohol will precipitate the etherized solution. Aristol is distinguished by its solubility in fatty oils.

Aristol should be kept in the dark. It is not absorbed by the organism, and is not toxic.

This composition is presented as a powerful therapeutic agent in diseases of the skin. Dr. Eichoff has employed it with success in psoriasis and in mycosis. He considers it as the best of the known medicaments against lupus.

It may be prescribed in the form of powder, which adheres easily to the skin; or, again, in the form of pomade, 3 or 10 per cent. The pomade is prepared by the use of a solution of aristol in olive oil, which is mixed with vaseline.

—*Journal des Maladies Cutanées et Syphilitiques*.

TREATMENT OF PERTUSSIS BY INHALATIONS OF CHLOROFORM WATER (Schilling).—We place in the reservoir of a steam atomizer a teaspoonful of warm water, to which we add twice as many drops of chloroform as the age of the child in years. If, after eight days of this treatment, we notice no amelioration, we increase the dose by adding three drops to each year, instead of two. The child should use the

inhalation before the vapor is projected in jet, as the water loses its chloroform after being heated. The duration of the seance is very short, on account of the small quantity of liquid which is generally used.

We make four seances a day. At the end of a week the attacks are more rare and less powerful. In 50 per cent. of the cases observed, the spasmodic cough ceased at the end of fifteen days. In twenty-eight cases, the malady passed into the catarrhal stage in the same number of days.

The inhalation should be under the direction of the physician.—*La Bulletin Médical*.

DYSMENORRHOEA in virgins is treated by Love (*Med. Mirror*) with tablets of Ponca. These contain ext. Ponca, ext. Mitchella repens, caulophyllin, helonin, and viburnin. One tablet is given every four hours.

THERMOPALPATION.—Benczúr and Jónás (*Deutsch Archiv. f. Kl. Med.*) have given this name to a new method of examination. They have found that the temperature of the skin over organs containing air is higher than over those organs where there is no air. They claim, by this method, to be able not only to outline the borders of the lungs, but also the limits of pleuritic and pericardial effusions, and the size of aneurisms and abdominal tumors.

In a case of pneumonia complicating measles, with great irritability of the stomach, the mixture of egg-white, lime water and milk, recommended by Prof. Keen, was for several days the only food the child could retain on her stomach. This valuable recipe, first published in the *TIMES AND REGISTER*, has been republished in half our exchanges, generally credited to one of those which first purloined the item from our pages.

HYPNAL is prepared by dissolving separately, in the smallest possible quantity of water, equal parts of chloral hydrate and antipyrine; upon mixing the solutions, a crystalline precipitate falls, which should be washed before being administered. This possesses the sedative and hypnotic properties of its constituents. The dose is fifteen grains. It has not the bad taste of antipyrine or the causticity of chloral, and does not irritate the stomach.

TREATMENT OF PHTHISIS BY THE USE OF PERU BALSAM EMULSION.—Opitz (*Munch. Med. Woch.*) has modified Landerer's treatment (intravenous injection of Peru balsam emulsion, 1 to 400) by injecting subcutaneously, twice a week, in the first and second intercostal spaces, an emulsion of the strength of 1 in 5. This emulsion is prepared as follows: Gum Arab., 1.0 is dissolved in water, 1.0; then rubbed up with Peru balsam, 2.0; 2.0 solution common salt is added; later, enough sod. bicarb. to make the solution neutral, and then is sterilized by heating to a T. 110° for one hour.

Opitz claims that, if the case is not too far advanced, the patient increases in weight and the bacilli disappear.

It is not well to indulge in rash or sweeping statements. Referring to the practical teaching of obstetrics at the Harvard Medical School, a writer states that this is unique, and that ninety-nine per cent. of American medical students receive their diplomas without any other experience in obstetrics than that gained from their text-books and teacher.

We believe that this statement is untrue. If any student ever graduated from the Medico-Chirurgical College without having attended obstetric cases, it has certainly not been in the last five years; while, from the number who attend Dr. Wilson's course at the Nurses' Home, the same must be said of our other colleges. Every student in Philadelphia has at least the opportunity to attend such cases, and there are very few who do not avail themselves of it.

EFFECT OF CIVILIZATION ON CHILDBIRTH.—

1. Dilatation is becoming more painful, being now agonizing, instead of almost painless. The muscles make a great outcry, but do very little work.

2. Dilatation by hydrostatic pressure is often wanting, because the amniotic membrane breaks at the very beginning of labor, causing, what is now very common, a dry labor, in which dilatation is performed unequally, by the child's head.

3. The recumbent dorsal position after labor leads to retroversion with leakage of secretions, through the tubes, into the peritoneal cavity, with pelvic peritonitis and fixation of the tubes and ovaries.

4. According to the law of the survival of the fittest, the woman with the narrow pelvis, if left to nature, would die, and thus would perish that breed of women; but, by the intervention of art, she is preserved to have several ill-formed daughters, so that we may expect such cases to become more common, as is actually the case.

5. While civilization is making the pelvis smaller (by atrophy of the muscles attached to it, etc.), it is also making the head of the child larger, for, in the struggle for existence, the big-headed man, and not the strong-armed one, has the best chance for survival. Art steps in to save those big-headed children whom nature used to exterminate.

6. Civilization is gradually removing the sexual feeling from women. This may be explained in two ways: 1st. By educating women to suppress these feelings, since several centuries. 2d. By natural selection of civilized men, generally choosing for marriage those women who can best conceal their sexual feelings, and who, consequently, will transmit this quality to their female children, while the women who cannot suppress their sexual feelings are generally not married, and so die out.

—Dr. Laphorn Smith, in *Va. Med. Monthly*.

CHRONIC RHEUMATIC SORE THROAT.—This trouble affects mainly the larynx, though it may also involve the fauces, the hyoid bone, and possibly the trachea. Its causes are the same as those of muscular or articular rheumatism. Localized pain is present, frequently referred to the cornu of the hyoid bone; but it may also be felt in the trachea, in the tonsils, and in the side of the base of the tongue. Usually there is no cough. Laryngoscopic examination shows nothing but a slight congestion, generally confined to a small spot in the region of the pain.

The affection is liable to be mistaken for neuralgia; for enlarged glands at the base of the tongue; for enlarged veins; for chronic follicular tonsillitis or glossitis; for syphilitic or tubercular sore throat; for tobacco sore throat, or for cancer.

The essential points in the diagnosis are the uncomfortable sensations of pain, which usually change with the changes of the weather, a rheumatic diathesis, and the absence of any distinct physical signs.

With regard to treatment, prophylaxis should receive first attention. The rheumatic patient should wear silk or wool next the skin, night and day, all

the year; and his diet should be largely of vegetables or fruit. Locally, sedative or stimulant applications may be made; such, for instance, as the tincture of aconite or sulphate of zinc. A spray, composed as follows, has given much satisfaction: morphine, 4 grains; carbolic and tannic acids, each 30 grains; glycerine and water, 4 drachms.

Internally, salicylate of soda, iodide of potassium, guaiac, phytolacca, or the oil of gaultheria may be given.—E. F. Ingalls, M.D., in *Jour. of Laryngol. and Rhinol.*

INDICATIONS FOR AND METHODS OF CRANIOTOMY.—The indications requiring craniotomy are:

1. Application of the forceps for a long time without appreciable progress, or cases of version in which it is impossible to extract the head.
2. The certainty that the foetus is no longer living.
3. Such a condition of the mother that the Cæsarean operation would almost with certainty be followed by death.
4. Certain varieties of deformity of the foetus.

The method of craniotomy will vary according as there is a greater or lower degree of pelvic deformity. In the latter case, the method which is to be preferred will depend in great measure upon the character of the efforts which have already been made.

If the forceps have been used unsuccessfully, the vertex of the foetal head should be perforated and the forceps then used as a tractor. In the higher degrees of pelvic deformity, the method will consist, first, in podalic version and extraction of the body; second, in perforation through the palatal process; third, in cephalotripsy; fourth, in extraction of the head, by means of the cephalotribe or by traction upon the body and the inferior maxilla, combined with pressure above the pubes. The advantages of this method are:

1. The base of the cranium is more effectually destroyed.
 2. The head is firmly fixed during perforation and destruction of the brain.
 3. The position of the head may be varied, the cephalotribe being applied in different directions, so as to adapt the smallest diameter of the crushed skull to the proper diameter of the pelvis.
 4. The head having been crushed, it will be more easy to exert traction upon the jaw and the body of the foetus, combining suprapubic pressure therewith.
- Andrew F. Currier, M.D., in *New York Med. Jour.*, from *Trans. of Obst. Soc. of London.*

TREATMENT OF INFANTILE ECZEMA.—I. Eczema intertrigo: Seek to combat the cause (generally acid diarrhoea), then apply cold compresses (solution of boric acid, five per cent., and water in equal parts), or, if the surface oozes considerably, dust it over with talc or oxide of zinc. Insist on great cleanliness.

2. *Eczema of the head:* If the child is fat, modify its diet; if scrofulous, give cod liver oil with phosphorus, or an arsenical preparation (acidum arsen. 0.005 grm. Boil with distilled water 40.0 grm. Dose, one coffeespoonful). Suppress any occasional external cause, such as pediculosis (sublimate 1-1000), then soften the crusts with oily inunctions and apply a boric acid pomade:

R.—Acid. boric. 1.5 grm.
Zinci oxid. 5.0 "
Vaseline flav. ad 30.0 "

Or, use Wilson's pomade:

R.—Benzoës pulv. 1.0 grm.
Axung. porc. 32.0 "
Cola, adde zinc. oxyd. 5.0 "

In the squamous forms:

R.—Hydrarg. precip. alb. 1.0 grm.
Bals. Peruv. 5.0 "
Ung. Wilson 30.0 "

3. *Eczema of the trunk or limbs:* Anti-scabetic treatment is necessary (bals. Peruv. or styrax and olive oil in equal parts).

It suffices generally to apply powdered medicaments upon the diseased surface, after using vaseline.

In squamous eczema with infiltration of the skin, rub twice a day with a few drops of oil of cade, then dust with starch, or apply vaseline. At the end of two to four days bathe the diseased part with tepid soap suds, and, after twenty-four hours, recommence treatment with oil of cade.

Tar is not to be used in the eczema of children.
—*Arch. für Kinderheilkunde; Jour. Am. Med. Ass'n.*

THE SECOND DENTITION AND INTESTINAL DERANGEMENTS.—Louis Starr, M.D. (*Therapeutic Gazette*), contributes a paper on the relationship between the eruption of the permanent teeth and the ailments of late childhood. The period of the eruption of the milk teeth is, he says, so uniformly regarded as dangerous, that both physician and parents congratulate themselves when the infant has safely passed it. But little attention, however, is given to the period of second dentition, though here much the same conditions obtain, with the exception that the older organism is, as a rule, better able to withstand the disturbance.

The most common disorders of second dentition are those of the mouth and throat; of general nutrition; of the stomach and intestinal canal; of the cervical lymphatic glands; of the eyes; of the ears; of the skin; of the respiratory tract; and of the nervous system. Oral pain is often intense, and may be referred to any region supplied by the trifacial nerve; as the eye, ear, face or forehead. The pain and swelling about the advancing tooth may give rise to a catarrhal stomatitis, or to superficial ulcers. Loss, or perversion of the taste, may occur, probably one of the causes of the anorexia so often observed at this period. Hypertrophy of the tonsils and follicular tonsillitis may also arise, in many instances, to extension of inflammation from the mouth. For inflammation and pain about loose teeth apply with a brush several times a day:

R.—Cocain. hydrochlorat. gr. iv.
Glycerinæ f3ij.
Aque q. s., ad f3j.

M.—Sig. For local use.

With first and second molars, free lancing is recommended, and softening of the gums by the application of

R.—Zinci chloridi gr. j.
Vin. opii f3j.
Glycerinæ f3ij.
Aque rosæ q. s., ad f3j.

M.—Sig. Apply to tender gums with a brush or soft cloth thrice daily.

Once safely through primary dentition, children usually grow robust and healthy, though frequently this condition is supplanted, during the sixth and following years, by one described as "general debility." This condition is often not referred to its true cause, that is "impairment of constitution resulting from the constitutional strain of cutting the second teeth, from the moderate fever accompanying the process and from the diminished consumption of food attending oral discomfort and painful mastication."

The diet should be simple, non-farinaceous, and nutritious. Tonics may be given, of which a good one is,

R.—Tr. nucis vomicæ ℥xij.
 Elix. cinchon. ferrat. f3vj.
 Syrupi f3ss.
 Aquæ q. s., ad f3iij.

M.—Sig. Two teaspoonfuls thrice daily, at the age of six years.

In the case of any six-year-old child suffering from acute indigestion, it will repay the physician to examine its mouth, lance swollen gums if he finds them, prescribe soothing lotions, and order the extraction of offending teeth, if admissible.

Chronic-gastro intestinal catarrh, the so-called "mucous disease," is more frequently dependent for its origin on the second dentition than to anything else. In these cases alkalies, simple bitters and laxatives are good:

R.—Potassii iodidi gr. vj.
 Sodii bicarbonatis 3j.
 Extract sennæ fld. f3iij.
 Inf. calumbæ q. s., ad f3iij.

M.—Sig. Two teaspoonfuls three times daily before eating, for a child of six years.

Diarrhœa is a frequent accompaniment of the second dentition; it may be either of the catarrhal or the lienteric form. For the first, besides attention to the mouth, let a blood diet be given, and perhaps a dose of castor oil, followed by some mild astringent mixture:

R.—Tr. opii deod. ℥xij.
 Bismuth. subnitrat. 3j.
 Syrupi f3ss.
 Mist. cretæ q. s., ad f3iij.

M.—Sig. Two teaspoonfuls every two hours.

In the lienteric form, nux vomica, followed by arsenic, are the remedies to be employed:

R.—Tr. opii deod.,
 Tr. nucis. vom. āā ℥xlviij.
 Aq. menth. pip. q. s., ad f3iij.

M.—Sig. One teaspoonful before each meal, at the age of six years.

After the griping pain diminishes, substitute

R.—Liquor. potassii arsenitis f3j.
 Inf. gentianæ comp. q. s., ad f3iij.

M.—Sig. One teaspoonful after each meal.

INTESTINAL SURGERY.—Dr. Benjamin T. Shimwell lately read before the Philadelphia County Medical Society an interesting paper on intestinal surgery, the result of experiments on a large number of dogs. No attempt was made to insure success by preparation of the dogs, but they were chosen irrespective of condition, and fed up to the time of operation.

After giving a faithful trial to the different methods of approximation advocated, he decides in favor of Brokaw's rubber ring. Seems' plates are objectionable, he says, because of the difficulty of making and handling them; Abbe's catgut rings are also imperfect, for much the same reason. Brokaw's rubber ring can be made in a few minutes, and at once be ready for use. It is made by threading a piece of rubber tubing two and a half or three inches in length, with catgut, which, upon being tied, converts the tubing into a ring. The ring is fenestrated to allow the attachment of four catgut sutures, which, when the ring has been placed in position, are passed through the bowel wall and tied. Dr. Shimwell prefers silk to catgut for these sutures, saying that the latter is unreliable.

Though authoritative works on surgery advocate division of the mesentery from the bowel at the point of invagination, the writer found such procedure highly dangerous, having twenty-four dogs die of gangrene of the bowels, as the result of this separation.

He praises the method of gastro-duodenostomy, advised by Dr. Weir, of New York, having tried it six times, with five recoveries. Ilio-colostomy he also experimented on by two methods: approximation and implantation. Of these two he prefers the latter, having had a successful result in every case.

With regard to these operations, the author considers one fact of great importance, and that is the necessity of strong silk for sutures, for out of eight instances, in which one of the sutures broke, seven of the dogs died from the escape of fecal matter through the wound. Every method he could devise was tried, at the time of operation, to repair the loss of the broken suture, but in vain; and so confident, he says, does he feel of the fatal termination in such an accident, that were he to perform the operation on a human subject he would have two sets of rings ready, and do the operation again, *ab initio*, passing the sutures well beyond the former sites.

Finally, he summarizes the points in his valuable paper as follows, showing, as they do,

1. The advantage and disadvantage of special rings.
2. The value and security of silk over catgut as a ligature.
3. The manner of passing invagination sutures, and the necessity of securing the invaginated portion to prevent retraction.
4. The danger of division of the mesentery, and the manner in which it should be treated to make the operation successful.
5. The two methods of performing gastro-duodenostomy, and the advantage of Weir's operation over simple approximation.
6. Ileo colostomy. The values of approximation and implantation, and the possible disadvantage of Brokaw's modification.
7. The danger from breaking of ligatures while performing approximation, and, in such cases, the necessity of repeating the operation.
8. The manner of uniting the small intestine, and its influence on the mesentery.
9. The use of scarification or denudation of the peritoneal surface to secure prompt union.
10. The persistent vomiting in all cases except gastro-dodenostomy.
11. The strangury in low operations.
12. Time between the operation and defecation, and the passage of the rings.
13. The treatment of the omentum, and its possible importance in laparotomy.

DR. PAUL GIBIER, Director of the New York Pasteur Institute, submits the following statement for the month of April:

During that month, 7 persons were treated at the Institute.

In 3 of these cases, hydrophobia was shown to have existed in the dogs, by the inoculation of other animals with the nervous substance of the dogs who had bitten the patients.

In the 4 other cases, rabies was very probable; but the dogs had disappeared, or their carcasses had been thrown away, instead of being sent to the Institute. (At the last moment, we are informed that another person, who was bitten by one of these dogs, died with hydrophobia. This person had not been treated at the Institute.)

The patients were: 3 from New Jersey, 2 from Illinois, 1 from Massachusetts, 1 from Texas.

The above patients are at present all enjoying good health, as, also, the 13 persons inoculated during the month of March.

HUCHARD recommends very large doses of sodium bicarbonate in excessive acidity of the gastric juice.

In the *Indian Medical Gazette* Barter reports the removal of a vesical calculus weighing 19½ ounces, and measuring 10 inches in circumference.

DIABETIC COMA.—In all probability, diabetic coma is caused by various acids circulating in the system, and the use of large doses of alkalies has given satisfaction to Stadelmann (*Deutsch Med. Woch.*) He used the following solution, which was injected into the veins in quantity one to one and a half liters: Sod. carb., 7.2; sod. bicarb., 46; in 150° salt solution. Nine out of his ten cases died; but he found that the injections of the alkali was almost always followed by improvement.

GONORRHOEA AND GONOCOCCI.—Neisser (*Arch. für Derm. and Syph.*) claims that the gonococcus is the cause of gonorrhœa. He has every case of urethritis examined for the gonococcus, and, unless the gonococcus is found, he refuses to call it gonorrhœa. He admits that there is such a thing as a purulent urethritis, due to chemical or mechanical irritation; but he claims that these cases do not present the same clinical picture. In doubtful cases, he says it is difficult to recognize the gonococci, for there are other bacteria which resemble them closely.

SUPERNUMERARY BREASTS.—J. H. Darey, M.D. (*Montreal Med. Jour.*), reports a case of two supernumerary breasts, one in each axilla. During pregnancy these breasts would enlarge considerably, and secrete milk quite freely. Both extra breasts were destitute of a nipple, the ducts opening directly in the areola. The secretion of milk in such an awkward place caused the woman much annoyance. She had discovered, however, a method of drying up the milk, after the birth of the child. It was the constant application, for several days, of cloths wrung out of a hot solution of salt.

THE Tennessee State Board of Health Bulletin says: We are reminded again by *Gesundheit* that while the German Empire and some other countries, as the result of their wise and salutary compulsory vaccination laws, are seeing small-pox almost wholly excluded from their borders, those neighboring lands in which vaccination is optional, are still suffering from the old-time pestilence. The following table shows the number of deaths from small-pox in each million of inhabitants in each country named:

		1887.	1888.
Austro-Hungary . . .	} Vaccination optional.	583.7	540.4
Russia		535.9	231.5
France		167.0	191.9
German Empire . . .	} Vaccination compulsory.	1.8	0.8
Denmark		0.0	0.0
Sweden and Norway .		0.0	0.0

MANAGEMENT OF CASES OF DOUBLE MONSTERS.

—1. The less interference with nature's efforts, the better.

2 If the head presents, and the monstrosity can be diagnosticated in time, turning should be resorted to, and the feet of both children brought down into the pelvis.

3. In podalic presentation, the bodies can generally be extracted without much difficulty, by direct traction, until the shoulders and four arms are reached. In doing this, the backs of the fetuses, if not already placed in the oblique diameter by spontaneous evolu-

tion, should be made to assume that position, and the bodies then turned over the abdomen of the mother, so as to cause the posterior head to pass first into the cavity of the pelvis.

4. In vertex presentation, if the diagnosis cannot be made out, the body corresponding to the first born head may be expelled by the natural powers; or, the second head may be born with its occiput fitting into the cavity formed by the neck of the first child. If neither of these two manners of delivery takes place, and cannot be performed, craniotomy or decapitation will be required.

—Fernandez, in *Am. Jour. Med. Sci.*

TREATMENT OF EXTRA-UTERINE PREGNANCY.—Olhausen, in a paper on Extra-uterine Pregnancy, read before the *Berliner Medicinische Gesellschaft*, January 29, 1890, laid down the following rules for its treatment:

1. If the diagnosis of extra-uterine pregnancy is made in the first few months of its existence, laparotomy and extirpation of the sac should be made before rupture of same.

2. If rupture has already taken place during the first few months of pregnancy, operation is only indicated when the general symptoms become threatening.

3. Has the ectopic pregnancy existed for a number of months, and the fetus continues to develop, the sooner the operation is made the better.

4. In the second half of pregnancy, the child being living or dead, no time should be lost, and the operation should be performed at once.

5. Remove, if possible, the whole sac; if not possible, stretch it to the abdominal wall, and introduce the drainage-tube through the latter. Elytrotomy and drainage through the vagina are not advisable.

6. Ligate the spermatic and uterine arteries for checking severe hemorrhage.—*St. Louis Clinique.*

METHACETIN.—This is one of the latest chemical compounds, and is also known by the name paraoxy-methylacetanilid. It is without odor or taste, light-rose color, and easily soluble in water and alcohol. Seidler (*Berl. Kl. Woch.*) has lately experimented with it in twenty-eight cases of typhoid, pneumonia, phthisis, and influenza. He finds that if the fever be moderate, three to seven grains will reduce it to normal; while if the fever be high, seven to ten grains may be needed. The temperature falls from 1° to 3° in about half an hour after the fall is first noticed, and reaches its minimum in about three hours. It remains down about one hour, and then begins to go up again. This rise is more rapid than the preceding fall, and is occasionally accompanied by a chill. Pulse and respiration vary according as the temperature rises or falls. Profuse perspiration invariably follows a dose of methacetin, and the weaker the patient, the more profuse is the perspiration. In some cases, it appeared to make the night-sweats of phthisis worse, after its use was discontinued.

There are no other unfavorable effects. In two cases of acute articular rheumatism with high fever, and swelling of the articulations, methacetin acted well and promptly. Five grains were given, and on the first day the pain was stopped; on the third day the fever, pain, and swelling had disappeared, not to return. Its action in easing pain is not so good as in reducing fever, and not nearly so good as either antipyrine or acetanilid.

PHYSICAL EDUCATION IN CHILDREN.—Dr. A. H. P. Leuf concludes a paper in the *Journal of the American Medical Association* in this way:

"I can think of no better conclusion to this paper than a quotation from a former contribution of mine on this subject:

"1. The object of physical culture is to develop the material body, and with it, of necessity, the mind and morals.

"2. Like most potent agencies, it is much abused, and far too little understood.

"3. It absolutely forbids smoking.

"4. It absolutely forbids the drinking of alcoholic or malt beverages.

"5. It insists upon the necessity of regularity in living, especially as regards time of sleeping, eating, exercise, and recreation.

"6. It enforces a good, substantial dietary, that will never be forgotten.

"7. It discountenances all kinds of vice.

"8. It is rigid in discipline, without assuming so to those disciplined, and develops implicit and willing obedience to advisors.

"9. It has a marked effect upon the growth of the body and mind.

"10. It develops, to a high degree, the valuable qualities of hope, confidence, courage, deference, obedience when proper, independence, perseverance, ambition, temperance, and determination.

"11. It is, in short, the most valuable preparation of the young for the cares and trials of adult life, and aids young and old alike to ward off disease, and mitigate its effects."

INJURIES INFLICTED BY CORSETS.—1. They prevent the diaphragm and lower ribs from taking part in the act of respiration, so that women are now incorrectly described by physicians as having a costal respiration, different from men, which has been proved not to be the case in women who have never worn corsets.

2. Not only does the corset diminish the aërating power of the lungs, but it lessens the quality of the blood.

3. Corsets compress the heart, so as to interfere with diastole, the heart having no power of its own to open. Many cases of death from syncope are on record.

4. They cause congestion and enlargement of the liver, due to limited pumping power of the diaphragm. This is especially important, as it compresses the inferior vena cava as it passes up behind the liver, so that there is a damming back of blood in all the branches when they empty into it, causing passive congestion of the pelvic organs, and, in many cases, varicose veins.

5. The corset hampers the peristaltic movement of the intestines, leading to faecal poisoning of the system, called by Sir Andrew Clarke "faecal anæmia."

6. The corset constricts the waist so much as to still further interfere with the upward passage of the venous blood and lymph. The venous blood from the left side of the pelvis is still further prevented from getting out of the pelvis by the pressure of the loaded rectum pinching the vein at the brim, and also by the left ovarian vein emptying into the left renal at right angles to the current. Many cases of pain in the left side of the pelvis, due to varicose veins of the broad ligament, and many a removal of the ovary, might be avoided by the removal of the corset.—Laphorn Smith, in *Va. Med Monthly*.

Medical News and Miscellany.

THE cholera has ceased in Persia.

A SWEDISH doctor is wanted at Worcester, Mass.

DR. H. F. HAMELL has been visiting Brown's Mills.

A CASE of leprosy is reported at Evansville, Indiana.

NONA has proved to be an invention of the press-gang.

THE Maryland Medical Practice bill has been vetoed.

DR. A. NEBEKER has leased a cottage at Beach Haven.

DR. HORACE Y. EVANS will go to Europe this summer.

DR. SAJOUS has gone to Florida to inspect phosphate mines.

PROF. PEPPER has taken a house at Mount Airy, for the summer.

THE German women ask admittance to the medical classes at Jena.

THE accountant of a Dublin insane asylum has decamped with \$30,000.

THE fair in aid of the French Hospital, in New York, netted \$17,000.

DR. A. E. ROUSSEL has been called to Baltimore by the illness of his son.

PORTUGAL forbids the sale of saccharin, except on physicians' prescriptions.

DR. A. C. HAWLEY, of Eaton, Ohio, committed suicide, May 11, by shooting.

ENGLISH stock-jobbers are speculating in the shares of a company formed to sterilize milk.

THE Gynæcean Hospital has purchased the property at 245-7 North Eighteenth street.

WÖLFLE has published eighteen cases of erysipelas treated by pressure of strongly adhesive plasters.

THE *Medical Press* states that much of the illicit whiskey sold in Glasgow, consists of diluted methyl alcohol.

RUSSIAN female physicians find fields of employment in Central Asia. One has opened a dispensary at Samarcand.

DR. GEO. M. MARSHALL has been elected Laryngologist, and F. A. Packard, Register, at the Philadelphia Hospital.

THE physician sees man in all his weakness; the jurist in all his wickedness; the theologian in all his stupidity.—*Schopenhauer*.

ON May 21, at 3 P. M., Dr. H. H. Drake will lecture upon What to do in Emergencies, at the First Presbyterian Church, at Norristown.

AT the Philadelphia County Medical Society, Wednesday, May 14, Dr. A. Hewson presented a case of fracture of the body of the scapula. Dr. Cox, by invitation of the Directors, reported a case of ligation of the femoral vein for traumatism.

THE floods in the lower Mississippi valley will interfere seriously with the attendance on the meeting of the Louisiana State Medical Society.

A STUDENT of the New York Veterinary College is suing that institution for his diploma, which he claims has been unjustly withheld from him.

ITALIAN statistics show that the proportion of lunatics in that country is 1.24 per 1,000, while among convicts the proportion is 12.25 per 1,000.

AN English writer notes that typhus has assumed a much milder form than that under which it formerly appeared. The period of incubation also appears to be longer.

A DEPOSIT taken from the filters in the Lyons water-works was found to be swarming with bacteria; and inoculations with these showed them to be highly infectious.

THIRTY tons of Kola nuts have been ordered for the German army, experiments having shown their utility in enabling men to endure severe and prolonged labor.]

DR. M. PRICE has been sued by a patient, who claims that, owing to a mistake in the prescription, the excipient being omitted, he was put out of his mind for some days.

IN spite of the laws regulating the sale of horse flesh in England, hundreds of carcasses are sold as beef; while the donkey sometimes figures in the butchers' stalls as prime veal.

THE Medical College of Indiana adds to its Faculty Drs. L. H. Dunning, J. H. Oliver, and O. G. Pfaff. Both the Indianapolis colleges adopt the three years' graded course with the sessions of 1891-2.

THE Supreme Sanitary Council of Vienna states that saccharin may be freely used by the sick or the well; as no case has occurred where harm has been shown to have resulted from its use.

THE meeting of the Alabama State Medical Society this year, at Birmingham, was very successful. Next year the society will meet at Huntsville. Dr. W. H. Sanders, of Mobile, was elected President.

THE *Alienist and Neurologist* says there is room for enterprising drug firms, catering to the wants of medicine, to prepare, in small packages, readily-dispensable formulæ, even the liquid and powder forms, as well as the solids.

AFTER full discussion, the authorities of a Welsh seaside town decided that the best way to boom their place, as a watering place, was to build a children's hospital, and enlist the great city physicians in its behalf. Their crania are prolonged.

THE *Medical Mirror* of May, reflects back at us the countenances of the late Dr. Jno. W. Jackson, of Kansas City; Dr. Jno. H. Hollister, the capable editor of the *Association Journal*; Dr. W. W. Dawson, of Cincinnati, and Dr. J. B. Murdock, of Pittsburgh.

THE native African is not such a fool as he looks. A convert is said to have asked the missionary whether it were more in accord with Christianity to go naked, according to the prevalent fashion, or to go in debt for clothes which render the wearer unhappy. It is to be hoped the missionary was a man of good sense.

It is not the epidemic that is the most deadly, but it is those insidious, preventable diseases that carry off their victims from day to day, that are responsible for the greatest proportion of the death-rate. Sanitation is better than quarantine.—*Sanitary News*.

DR. S. PRESTON JONES has again been indicted for keeping a private insane asylum at Merchantville.

No better man could be found than Dr. Jones, to fill the position of superintendent of such an establishment, but the private insane asylum is a blot on civilization, and should be abolished.

SEVERAL of our foreign contemporaries publish lists of exchanges received, the lists being kept standing, and revised every ten years. We note that the *Philadelphia Medical Times*, which was transformed into THE TIMES AND REGISTER a year ago, still continues to visit India, Japan, and Halifax.

DR. FERGUSON has entered the Central College of Physicians and Surgeons of Indianapolis, as Professor of Obstetrics and Clinical Midwifery. He states that the *Indiana Medical Journal* will not thereby be lowered to the status of a college organ. The Faculty of the Central College is also strengthened by the accession of Drs. W. B. Fletcher, J. A. Comingor, and G. V. Woolen.

AMONG the objects of interest at the Vienna Congress for Inner Medicine were the electric episcopes and microscope. The former is intended to show large objects to an audience of four hundred persons. Stricker showed by it the pulsating heart of a dog. The electric microscope, by intense illumination, attains a magnifying power of 11,000 linear; and thus even bacteria may be shown to a large audience.

A LONDON physician has been found to be introducing the practice of opium-smoking—not only in neuralgia, but to remove the sense of fatigue after severe labor, the pains of parturition, etc., and even for spasmodic sneezing, and that dangerous malady—the fidgets. In fact, from the directions given in his pamphlet, this person furnishes an incentive to any person to introduce this demon into his household.

Two hospitals have been added to the London Post-Graduate system—the Paddington Infirmary, and the Bethlem Royal Hospital for Lunatics; better known by its popular name of Bedlam. The first course was attended by twenty-nine practitioners—English and Americans. This course is destined, if conducted with judgment, to attract many Americans from French and German schools.

THE recent occurrence of two fires in insane asylums, with large losses of life, should direct the attention of managers of similar institutions to the prevention of such disasters. The loss at the Longue Pointe Asylum alone reaches a million dollars; enough to furnish electric lights to many institutions. Even when electric lights cannot be introduced, the use of safety matches, which light only on the box, and placing the lights out of the patients' reach, go far to prevent such deplorable accidents.

TELEPATHY.—S. R. W., of Bridgeport, Conn., was returning from England. One night he dreamed that his wife, who was then in Bridgeport, opened the door of his state-room, looked hesitatingly in and then came forward and kissed him. When he awoke in the morning, the man who occupied the upper berth in his state-room looked down and said: "You

are a pretty fellow, to let a woman come in here in the night and kiss you." Pressed for an explanation, he described the scene which he had experienced. Arrived at home, he was asked by his wife: "Did you receive a visit from me on such a night? I made you one. I was worried because of the reported storms that night. I dreamed I went out on the ocean and came upon a great black steamship. I went up the side and along the corridor and opened your door. I saw a strange man looking at me from an upper berth. I was afraid at first, but finally I stepped in and kissed you."

THE bequest by Mr. Pepper of \$150,000 for a free library is attracting much interest. The Mercantile, City Institute, and Apprentice's libraries all apply for the fund, offering to make their books free. Were they to unite and form a single great collection, with a number of branches, the bequest would be productive of much good. A huge collection of books in the center of the city should be supplemented by as many branches as possible, to share the benefits between the citizens equally.

DURING April the deaths in St. Louis numbered 577. Of these, 74 are assigned to zymotic diseases, including scarlatina, 9; diphtheria, 6; croup, 2; pertussis, 3; typhoid, 4; cerebro-spinal fever, 1; malarial fever, 9; puerperal, 4; diarrhoea, 14; erysipelas, 1; pyemia, 5; syphilis, 1; rheumatism, 4; alcoholism, 3; other zymotic diseases, 8.

The principal causes of death were, phthisis, 73; pneumonia, 58; heart disease, 41; bronchitis, 31; old age, 21; inflammation of the brain, 21; convulsions, 22; inanition, 18; Bright's, 16; cancer, 23. The annual death-rate per 1,000 was 15.38.

THE *Medical Press and Circular* calls attention to the ill-concocted "foreign letters" which appear in many American journals. Our English cotemporary says that the foreign letter was popularized by J. Milnor Fothergill, whose letters to the *Philadelphia Medical Times* attracted much attention. But those who followed him failed in the qualities which made Fothergill's writings so attractive, so that the majority of the alleged "foreign letters" are of little value.

The true source of these letters may be illustrated by a bit of our own experience. One of our original translations appeared later in the Paris letter of another journal, and was sent in by a collaborator to be republished in our own journal.

THE CITY'S HEALTH.—During the week ending May 10, the interments reported in Philadelphia were as follows:

Phthisis	50
Pneumonia	36
Heart disease	24
Inflammation of brain	20
Typhoid fever	17
Old age	14
Convulsions	12
Bronchitis	12
Paralysis	11
Apoplexy	10
Marasmus	10
Croup	9
Debility	9
Inanition	9
Other causes	124
Total	367

This is 30 less than for the corresponding week of 1889, and is the same as last week.

BUCHNER AND VOIT state that the defibrinated blood of rabbits and dogs exerts a powerful destructive influence on typhoid and cholera microbes; but less on splenic and swine fever, and still less on bacillus pyocyaneus. This property is inherent in living, circulating blood.—*Med. Press.*

IF the reports concerning the treatment of saleswomen in New York stores be true, there is a pressing need for home mission work among the proprietors. For from \$2 to \$5 weekly these women are said to labor from 8 A. M. to midnight, and these wages are reduced by fines. They are not allowed to leave the counter, on any pretence, from 8 A. M. to 3.30 P. M., except half an hour for lunch—if they have no customer at lunch time. The law providing them with seats is almost entirely ignored; and, where seats are provided, the women are fined for sitting down. The superintendents and time-keepers divide the fines; and in one store realized \$3,000 from this source.

These statements are made by the Secretary of the Working Women's Association, and bear on their face the marks of gross exaggeration. Not but that there are employers capable of such things—for it is but too true that the disposition to tyranny and greed is ingrained in the hearts of many. But there are controlling elements in the independent spirit of girls of this class, and in that such petty rapacity defeats its object, by rendering the employes unfit or unwilling to do good work. In Philadelphia, the great retail houses pride themselves on the paternal treatment of their employes, and find it good as a policy.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows. Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending May 10, 1890.

GREEN, E. H., Passed Assistant-Surgeon. Ordered to the Receiving-ship "Dale," Washington Navy Yard.

WHITING, ROBERT, Passed Assistant-Surgeon. Detached from "Dale," and ordered to the Nautical School-ship "St. Marys."

WHITAKER, H. W., Passed Assistant-Surgeon. Detached from the "St. Marys," and resigned, to take effect November 5, 1890.

ROSS, J. W., Surgeon. Ordered to the Navy Yard, Pensacola, Fla.

FLINT, J. M., Surgeon. Appointed a delegate to represent the Medical Department of the Navy at the Pharmacopoeia convention, to be held in Washington, May 7.

DEAN, R. C., Medical Director, and WOOLVERTON, THEORON, Medical Inspector. Appointed delegates to the American Medical Association convention, to be held in Nashville, Tenn., May 20, 1890.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

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 Du traitement des salpingites, Labadie-Lagrave. La Med. Con.
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 Du traitement des hernies inguinales congenitales, Berger. La Med. Mod., 24 Avril, 1890.
 De l'emploi du retinol et de la colophane dans le traitement de la vaginite, Balzer et Chevalet. *Ibid.*
 De la nature "centrale" de la paralysie spinale aigue de l'adulte, Blocq. Le Bull. Med., 20 Avril, 1890.
 De l'organisation et du fonctionnement de la Société des Ambulances urbaines de Bordeaux, Mauriac. Jour. de Med. de Bordeaux, 20 Avril, 1890.
 De quelques complications oculaires de la grippe, Fage. *Ibid.*
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